Application for Federa	al			
Assistance				E G. EDILAN G. G. A.
		2. Date Submitted (n		Applicantidentifier
1. Type of Submission		3. Date Received by	1/2002	State Application Identifican
A te . re	plication	o. Dato reactived by	State (Hitt/GG/yyyy)	State-Application Identifier
	nstruction	4. Date Received by	Federal Agency (mm/dd/yyyy)	Foderal de niller
5. Applicant information	n-Construction			STATE CLEARING HOUS
LegalNemo			Organizational Unit	
Volunteers of America National Sen				lunteers of America Elderly Housing, Inc.
Address (give city, county, State, and zip cod	e)	···	Name and leiéphone number o application (give area code)	f the person to be contacted on matters involving this
1660 Duke Street Alexandria, Virginia 22314 Phone: 703.341.5050 Fax: 703.341.7001			Sandra L. Meek 703.341.5050	
d. Employer Identification Number (EIN) (xx-	<u>-</u> - <u>у</u> уууууу)		7. Type of Applicant (enter	(appropriate letter in box)
41 — 1467162				iV
8. Type of Application:			A. State B. County	J. Private University K. Indian Tribe
New Continuation	Revision		C. Municipal	L. Individual
			D. Township E. Interstate	M. Profit Organization N. Nonprofit
If Revision, enter appropriate lette	r(s) in box(es): [F. Inter-municipal	O Public Housing Agency
A. Increase Award B. Decreas	e Award C. h	ncrease Duration	G. Special District H. Independent School Dist	P. Other (Specify)
D. Decrease Duration Other (spec			I. State Controlled Institution	of Higher Learning
			9. Name of Federal Agency	
10. Catalog of Federal Domestic Assistance	Number (YY-VW)		U.S. Department of Ho	using and Urban Development
, , , , , , , , , , , , , , , , , , , ,	14	1-1-1-1	11. Descriptive Title of Applica	
Title:		157	advance funding from t	Housing for the Elderly - 40 year capital the U.S. Department of Housing and
Section 202 Housing for the Elder	У		Urban Development wi	th rental subsidy for all units
2. Areas Affected by Project (cities, counties	, States, etc.)			
3, Proposed Project	14. Cond	gressional Districts of		
tart Date (mm/dd/yyyy) Ending Date (mm/dd		~~	<u> </u>	b. Project
11/01/2002	VA0I	8		42
5. Estimated Funding	0		16, is Application Subject	to Review by State Executive
			Order 12372 Process?	
			Tes This pre-applic State Executive Orde	cation/application was made available to the error on:
			Dale (mm/ dd /yyyy)_	05/05/2002
Complete form HUD-42	4-M, Fundi	ng Matrix		
		-	b. No Program is i	not covered by E.O. 12372
			or Program had	s not been selected by State for review.
			17. Is the Applicant Delingu	Jent on Any Federal Debt?
9 (19 (19 (19 (19 (19 (19 (19 (19 (19 (1			Yes If "Yes," attac	ch an explanation X No
8. To the best of my knowledge and	I helief all dat	a in this soul!	printo an altra co	
	re applicant at	nd the applicant w	ill comply with the attached	and correct, the document has been duly assurances if the assistance is awarded.
Typed Name of Authorized Representative Robin Keller	`	b. Title		c. Telaphone Number (Include Area Code)
Signature of Authorized Representative A	1.00	Vice President,	nevelopment	703.341.5017
- Solver of	eller			e. Date Signed (mm/dd/yyyy) O5 05 2002

					BMB/Appleval VA ba	
APPLICATION FOR					DMB Appleval No. 03	48-0043
FEDERAL ASSISTAN	1CE	2. DATE SUBMITTED	\ [\	pplicant Identifier		
		May 10, 2002	111	1.31	5 2002 JU	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	tale Application Ide	ntifier (1
Application	Preapplication			ПП		
X Construction ■	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	edera identifier	ADING HOUSE	<u> </u>
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			I CTATE CLE	ARING HOUSE	
Legal Name:			Organizational Unit:	UITA		
Casa Loma Mutual	Water Company		Nonprofit Mu	tual Water (Company	ļ
Address (give city, county, State,			Name and telephone nu			involving
1016 Lomita Drive			this application (give are	ea code)		
Bakersfield, CA 9			Fuelum Johns	on [664] 223	2076	
			Evelyn Johns 7. TYPE OF APPLICAT			
6. EMPLOYER IDENTIFICATION			1. THE OF ALLEROA	Tr. (emer appropriate	· N	
95 - 0609	1/15/2		A. State	H. Independent Scho		
8. TYPE OF APPLICATION:					stitution of Higher Learr	ning
X Nev	Continuation	Revision		J. Private University		
rsp. 11				K. Indian Tribe L. Individual		
If Revision, enter appropriate lett	er(s) in box(es)		F. Intermunicipal	M. Profit Organizatio	n ,	
A. Increase Award B. Dec	rease Award C. Increa	se Duration	G. Special District	N. Other (Specify)	Mut ual Water C	o.
D. Decrease Duration Other(specify):					
			9. NAME OF FEDERA	L AGENCY:		
			USDA Rural D	<u>evelopment</u>		
10. CATALOG OF FEDERAL D		NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT	'S PROJECT:	
Emergency Communi	ty water	10 - 76 3	∬ Casa Loma Wa	ter Project		
Assistance Grant						
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, S	States, etc.):	│ Replace exis	ting contam	inated water	
The state of the s				a new clean	water source	· ·
Casa Loma Water S			al		Specific Control and Assessment Control of Assess (Assessed Control of an Assessment Control of Con	William to energy and to construct
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:			A Salarana rusa	a lament S
Start Date Ending Date	a. Applicant		b. Project			
6/1/02 5/31/0	1	21	5.110,500	21	MAY 15	2002
15. ESTIMATED FUNDING:	<u> </u>	<u> </u>	16. IS APPLICATION	SUBJECT TO REVI	EW BY STATE EXECU	JTIVE
			ORDER 12372 PR	OCESS?	Contraction of the second	O GIOTE
a. Federal	\$ 600	λ Λ λ		:	Bernard (1999), and alternative control of the cont	
	500	000			ICATION WAS MADE	270
b. Applicant	\$	\sim		FOR REVIEW ON:	(ECUTIVE ORDER 123	372
c. State	s					-
C. Otato	*	·	DATE M	ay 10, 2002	an verr	
d. Local	\$,00 ,				
,		00	b. No. PROGRA			ATC
e. Other	\$,	FOR REV		EN SELECTED BY ST	AIE
f Program Income	\$	00		1244		
f. Program Income	. A	•	17. IS THE APPLICA	NT DELINQUENT O	N ANY FEDERAL DEE	3T?
g. TOTAL	\$ 505	00	☐ ☐ Yes If "Yes."	attach an explanati	on. 🂢 ≀	No
		000				-
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF,	ALL DATA IN THIS APPL	ICATION/PREAPPLICATION AND T	HON ARE IRUE AN HE APPLICANT WIL	NO CORRECT, THE LL COMPLY WITH THI	E
ATTACHED ASSURANCES I			ITE AFFEIGANT AND T	DE ACCEDANT WI	Jom =: 111111 1111	_
a. Type Name of Authorized Re		b. Title		c. Telephone Numl	ber	
Evelvn Johnso	ń	President		(661)323-	-3876	
d. Signature of Authorized Rep	resentative			e. Date Signed		
	Shift I	· · · · · · · · · · · · · · · · · · ·		May 10 2	2002 d Form 424 (Rev. 7-97))
Previous Edition Visable Authorized for Local Reproduc	tion				ed by OMB Circular A-	
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			-				OMB Ap	proval No. 0348-0043
APPLICATION FOR				2. DAT	TE SUBMITTE	D:	cant Identifier;	
FEDERAL ASSISTA	NCE			(08 MAY 2002			
1. TYPE OF SUBMISSION:				3. DAT	TE RECEIVED	BY STATE:	State Application Identifier:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Application	Pre	application				T _F	EGEIVED	
⊠ Construction	1	Construction						
Non-Construction	□ N	lon-Constru	uction	4. DAT	I E RECEIVED	BY FEDERAL AGENCY: V	Federal Identifier:	
			L		-		MAY 1.5 2002 U	
5. APPLICANT INFORMATION	<u>V:</u>	*************	And the second section of the section of the second section of the section of the second section of the second section of the sectio		· · · · · · · · · · · · · · · · · · ·			
Legal Name:						Ofganizational Unit:	ATE CLEARING HOUSE	
TRUCKEE TAHOE A	IRPORT DIS	TRICT	l Ma	V 5	// <u>20000</u>	TRUCKEE TAND	AIRPORT	
Address (give city, county, stat	e and zip code);	1411-2	1 1	4 200 2	Name and telephone numi application (give area code	per of the person to be contacted on matters	involving this
10356 TRUCKEE TAI		RT ROAD	- 1 5 C	1 ETAC	"IA HORE		,	
TRUCKEE, CA 96161			Marie Commission Commission of the Commission of	No	Company of the Compan	DAVID GOTSCHA	LL 530-587-4540	
6. EMPLOYER IDENTIFICATION	ON NUMBER	(EIN):				7. TYPE OF APPLICANT	enter appropriate letter in box):	G
g) 4 –	1 5	6 3	3 2	2 8	A. State B. County	H. Independent School District I. State Controlled Institution of Higher Lea	arning
8. TYPE OF APPLICATION:						C. Municipal D. Township	J. Private University K. Indian Tribe	arimig
	□ New	☐ Contin	uation 🛭 Re	vision		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
If Revision, enter appropriate le	attar(s) in hov/) () () () () () () () () () (G. Special District	N. Other (Specify)	
A. Increase Award	B. Decrea		C Inc	rease I	l Duration	9. NAME OF FEDERAL AG	PENOV.	
D. Decrease Duration	Other (Spe		0. 1110	i case i	Duration			
40 OATA GO OG EEDENA				 			ON ADMINISTRATION	
10. CATALOG OF FEDERAL I ASSISTANCE NUMBER:	DOMESTIC		2 0	<u> </u>	1 0 6	2002 AIP PROJ	DF APPLICANT'S PROJECT: ECTS	177
12. AREAS AFFECTED BY PF	ROJECT (cities	s, counties,	states, etc.):			COMPREHEN:AIRFIELD SEC	SIVE LAND USE PLAN	
TRUCKEE, LAKE TAI CALIFORNIA	HOE, NEVA	OA and PL	ACER COU	INTIES	3,	 RELOCATE RI 	JNWAY 19 THRESHOLD LIGHTS STRIPE RUNWAYS AND TAXIWAYS	
						 CONSTRUCT 	TAXILANES TO NEW HANGARS OF RUNWAY 10 HOLDING APRON	
						• RECONSTRU	T ROWWAY TO HOLDING APRON	
13. PROPOSED PROJECT:		14. CON	GRESSIONAL	DISTE	RICTS OF:			
Start Date End	ding Date	a. Applica	int:				b. Project:	
01-02	12-02	14 ^{ts}	1				14 th	
15. ESTIMATED FUNDING:			wu		16. IS APPLIC	ATION SUBJECT TO REVI	W BY STATE EXECUTIVE ORDER 12372 I	PROCESS?:
a. Federal	\$		3,417,000) .00 (a. YES		APPLICATION WAS MADE AVAILABLE TO DER 12372 PROCESS FOR REVIEW ON:) THE
b. Applicant	\$		463,000	00. (DATE: 09 MAY 2002		
c. State	\$.00	b. NO	☐ PROGRAM IS NOT C	OVERED BY E.O. 12372	
d. Local	\$.00.		OR PROGRAM HAS N	OT BEEN SELECTED BY STATE FOR REV	VIEW
e. Other	\$.00				
f. Program Income	\$.00	17. IS THE AP	PLICANT DELINQUENT ON	ANY FEDERAL DEBT?:	
g. TOTAL	\$		3,880,000	00. (YES If "Yes," attach an e	xplanation	⊠ NO
18. TO THE BEST OF MY KN AUTHORIZED BY THE GOVE	NOWLEDGE A	ND BELIEI OF THE AP	F, ALL DATA PLICANT, AN	IN THE	E APPLICATIC APPLICANT V	N/PREAPPLICATION ARE VILL COMPLY WITH THE AT	FRUE AND CORRECT, THE DOCUMENT H TACHED ASSURANCES IF THE ASSISTAN	HAS BEEN DULY CE IS AWARDED
a. Typed Name of Authorized I	Representative	:		·····		b. Title:	c. Telephone Number:	
DAVID GOTSCHALL						GENERAL MANAGER	530-587-4540	
d. Signature of Authorized Rep	resentative:						e. Date Signed:	
D. CX	tedas	00					08 MAY 2002	
revious Editions Not Usable	VOV U	Carried Street, or other party of the street, or other party or ot				***************************************	L	orm 424 (REV 4-88)

Application for						_	ति ज	12 1		G F
			2. DATE SU	ЈВМІТТЕР;	Applic	ide pidne		<u> 15 </u>	ı V	╚┤║
Federal Assistance	<u>e </u>			15-May-02		13				_
L. TYPE OF SUBMISSION			3. DATER	ECRIVED BY STATE	State A	pplicatio	n Iden	amonth (2002	
Application	Preapplication									
Construction	Construction		4. DATE RE	ECEIVED BY FEDERAL AGENCY	Federat	identi)	TE CL	FAF	ING I	TOUS
Non-construction	Non-construction					017	11L VL	. bos / \1	(1110)	
5. APPLICANT INFORMATION		**************************************	<u>.t.</u>					*******		
Legal Name: Talio	Regional Planning Age	ency	Organization	nal Unir:	Fnyli	'Ourbe	ntal Com	nliane	a Divie	lon
Address (give city, county, state and z			Name and te	lephone number of the person to be contact						
P.O. Box 1038, Zephyr Co				Matthew R. Graham, CPESO						
6. EMPLOYER IDENTIFICATION	nombek (vin):		7. TYPE OF	APPLICANT: (enter appropriate letter h	icre)		N			
94	-1722895	_		A. State		-	School Distr			
8. TYPE OF APPLICATION:				B. County	I. State	Controll	ed Institution	of High	er Learning	Į
New Continuati				C. Municipal	J. Priya	te Unive	rsity			
If Revision, enter appropriate letter(s) A. Increase Award	المسا			D. Township		an Tribo				
C. Increase Duration	II. Decrease Award			E. Interstate	L. India	/idual				
Other Specify:	D. Decrease Duration			F. Intermunicipal		iic Organ				
				G. Special District			ſy):			
			9. NAME O	F FEDERAL AGENCY:	Interst	ite Env	ronmental	Planno	ig Agency	<u> </u>
				U. S. Environme	ental Prot	ection	Agency			
10, CATALOG OF FEDERAL			II. DESCRI	IPTIVE TITLE OF APPLICANT'S PROJ			* * * * * * * * * * * * * * * * * * *			
DOMESTIC ASSISTANCE NU	MNER:			atershed Management & Non		urce P	ollution (Contro	l Progr	am
TITLE, W B. W G		66,419								
TITLE: Water Pollution Control: State 12. AREAS AFFECTED BY PROJEC	& Interstate Program Support Cities, countles, stores, etc.)									
	ashoe & Douglas Coun	tiec								
13. Proposed Project	- Vagita Coup	ii.c.s	14. CONGE	ESSIONAL DISTRICT OF:					v	
Shirt Date	End Dale		a Applicant		h. Proje					
10/1/2002	9/30/2003			bons, 2nd Congressional Dist	t. J. Gil	u bbons	& John l	Doolit	ile. 4th	District
			16.	IS APPLICATION SUBJECT TO RE	VIEW BY S	I'ATE E	ECUTIVE	ORDER	,	
5. Esimuted Funding:				12372 PROCESS!						
n. Federal	\$	400.000	a.	YES, THIS PREAPPLICATION/APP					0	
b. Applicant	\$	400,000		THE STATE EXECUTIVE ORDER I ON:	[2372 FRQC]	esses f	OR REVIE	V		
c. State		400,000		DATE: May 13, 2002						
d. Local		- 1,5	ъ.	NO.						
e. Other: 1:1 Match				PROGRAM IS NOT COVERE	D BY E.O. 1	2372				
f. Program Income				OR PROGRAM HAS NOT BEI			TATE FOR	REVIË'	N	
g, TOTAL	\$	300,000	17.	IS APPLICANT DELINQUENT ON /						MINISTRA
			Y	≥s IF"Yes." attach an explanation	ſ	77 N				
8. DULY AUTHOR ASSISTANCE IS	AND DE TENTO CARROLLA DE	JEP, ALL D ODY OF TH	ATA IN THIS E APPLICAN	APPLICATION/PREAPPLICATION AF T AND THE APPLICAN'T WILL COMP	RETRUE AN LY WITH T	ND COR HIS ATT	RECT. THE ACHED AS	DOCUN SURAN	1ENT HAS IES IF TH	BEFN E
II- Typed name of A	uthorized Representative.		ъ.	Tit e;	c, Telepi	ione Niii	nher			
Juan Palma				Executive Director				₹47	., nen	
d. Signatur of Aut	norized Representative	I		DAGGARIO DILOCO	e. Date S		<u>5) 588-4:</u>)47, C)	<u>ic. 233</u>	
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Ju	or baller	ra.			<u> </u>	_/	7-0		~	

APPLICATION FOR FEDERAL ASSISTAN	CE	2. DATE SUBMITTED May 9, 200	2	Applicant	Ide Title		Appro	AN NOTOS	1 0043]
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STA	TE	State App	lication ide	ntifier	. 1 6	2002		
Application Pres	pplication					N	4 10	راماناول	اسا	
Construction	Construction	4. DATE RECEIVED BY FED	ERAL AGEN	Y Federal Id	ent fier					
	Non-Construction				1	\			Joel	
5. APPLICANT INFORMA					CT	ATE (TEAR	NG HU	ルシー	
Legal Name: Mokelumne		ary District	Organizat	ional Unit:	1011	1 100	Prince Comp.			1
Address (give city, county, state	and zip codei:	ary Pipinice		telephone n	umber of pe	rson to b	e contacted	on matters	involving	1
Pn. Bax	209		this applic	cation <i>(give a</i>	ree codej					
Makadiim	O HiH a	alaveras County	<i>6</i>	P Walk						
MOKETUM	7 95	245	20	9-419	-1990	į				1
6. EMPLOYER IDENTIFICATION	<u> </u>	<u>~ 1 - 2</u>	T TYPE	OF APPLICAN	T. (anter an	nmrista l	etter in hoyl			†
e. EMPLOTEN IDENTIFICATION	<i></i>		7. TYPE C	JF APPLIGAN	i: jamar ap	pipilate i	atter II, DOA		G	
94-25	1140	197	A. Sta				School Dist. led Institutio	n of Higher	-	and the second s
8. TYPE OF APPLICATION:			C. Mu	inty nicipal	J. Priva	ate Unive				
⊠ Ne	w Con	tinuation Revision	E. Inte	vnship erstate	L. Indiv	an Tribe vidual				
			F. Inte	rmunicipal sciai District		it Organiz er (Specif		····		-
If Revision, enter appropriate let	ter(s) in									
			1							ĺ
711 177474444	Decrease Award ther (specify):	C. Increase Duration	And the second of the second o							Andreas and the state of the st
			9. NAME	OF FEDERAL	AGENCY:	17	امد	- +		
			1 US	DA-	Tura	1 De	ne lob u	nerc		
				RIPTIVE TITL		0.551710.7	TO COT.			4
10. CATALOG OF FEDERAL DO	MESTIC ASSISTAN	CE NUMBER:	1			_		1		
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	1	0 - 760	J R	ecirc	Mati	on S	y Sten	n and	y	j
TITLE: Water and W	aste Water D	isposal Loan & Great P	45	L.	- L	F	ikiom	bn+	entreentheman resource	
12. AREAS AFFECTED BY PROJ	ECT (Cities, Countie	es, States, etc.))	reatr	nenc	7	or Pink		and the second	
Mokelumne	•								444	2002
13. PROPOSED PROJEC		RESSIONAL DISTRICT						1V1	MY	2002
Start Date Ending Date 7/03	a. Applicant	th District On	olitte	Project	•	ame)		TATE OUE	NE IT'N FE	Mig Hour
15.	ESTIMATED F	JNDING		. IS APPLICA ORDER 123			FAIFM BA S	IAIE EXEC	MOTIVE	AND THE PROPERTY OF THE PROPER
- Fadarai	s	933,66	6.00	***************************************			· / # \$550 / 1/0 # T'U	751 1474 C BE	A DE	
a. Federal	Y	100/					I/APPLICATION TATE EXECU			
L A 1/2 - 2 - 1	\$	71,33	5 00				REVIEW ON:			
b. Applicant	, <u>.</u>	7.1,00								
- 64-4-	\$	-A-	00		ļ	May	9,200	7_		
c. State	3		.00		DATE	747	7, 200			
d. Local	\$	-0-	.00	г	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LI EC NICT	COVERED E	N E O 122	379	
				b. NO	_					
e. Other	\$	-0 -	.00		OR PROG		S NOT BEEN	SELECTED	BY	
					SIAIE	ON NEVIE				
f. Program Income	\$	-0-	.00 17	. IS THE APP	LICANT DEL	LINQUEN	T ON ANY FI	DERAL DE	BT?	1
		1 005 00	1	TT YES (A	ttach explar	nation)	X NO			
g. Total	\$	1,005,00	1 .00							
18. TO THE BEST OF M CORRECT, THE DOCUM APPLICANT WILL COMP	AENIT HAS REE	N DIBY ALLHORIZE	I HY IHE	CUVERN	ING DUP	/: UF :	TIE METE	I ARE TR ICANT A	UE AND ND THE	
a. Type Name of Authorized Rep	presentative	[c. Telephon	Number	42C	
Ms. Marcy +	losford	Pre	sident	ofthe	, WOOR	<u>د</u> ر	<u> </u>	286-1	763	_
d. Signature of Authorized Repri							e. Date Sign	ned		
MAtholand							<u> 101</u>	1104		_
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TO HOUSE DE LA PROPERTIE LES P										

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APPLICATION FO	OR ·			ן[ס]ן	OMB Approval No. 0348-0
FEDERAL ASSIS	TANCE	2. DATE SUBMITTED 5/16/02)	Applicant Identifie	11
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BYSTATE	State Application	dentifler
Application Construction	Preapplication Construction				
Non-Construction	Non-Construction	4. DATE RECEIVED I	BY FEDERAL AGENCY	Federal Bourn	TE CLEARING HOU
5. APPLICANT INFORMATI	ON				
Legal Name: City of	Brea	-	Organizational Unit:		
Address (give city, county, S	late, and zip code):		Name and telephone	Development	Services
	Center Circle		this application (give	area code)	be contacted on matters involving
Brea, CA Orange (i	an (714) 990	` ~y.my.z.z
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter answerd)-//66
95 - 600			A, State	H. Independent Sc	[7]
A. TYPE OF APPLICATION:			B. County		nool UIST. Institution of Higher Learning
	New Continuation	Revision	C. Municipal	J. Private Universit	у
If Revision, enter appropriate	letter(s) in box(es)	1	D. Township E. Interstate	K. Indian Tribe L. Individual	
A. Increase Award R. I			F. Intermunicipal	M. Profil Organizati	íon
D. Decrease Ouration Off	Decrease Award C. Increase her(specify):	Duration	G. Special District	N. Other (Specify)	
			9. NAME OF FEDERA	AL AGENCY:	
			II C ED.		•
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NU	IMBER:	U.S EPA		
	r		11. DESCRIPTIVE TO		
TITLE:	Ŀ	616 - 606		Infrastruc	ture .
12. AREAS AFFECTED BY P	ROJECT (Cities, Counties, Stat	ce atal.	Improvemen	it '	
City of		es, miej,			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS		<u> </u>		
<u>Sewer Improve</u> ment	S S	41			
Start Date Ending Date	a. Applicant		b. Project	***************************************	
7/15/02 6/30/03 15. ESTIMATED FUNDING:	City of Brea		Wastewater 1	Infrastructu	re Improvement
13. E3 IMM LED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIE	W BY STATE EXECUTIVE
a. Foderal	\$	œ -	ORDER 12372 PR	OCESS?	,
	654	1,800.00	a. YES. THIS PREA	PPLICATION/APPLIC	CATION WAS MADE
b. Applicant	\$ 5.75	,745.00	AVAILABLE	TO THE STATE EXI	ECUTIVE ORDER 12372
c. State	\$,,/4J.QQ	PROCESS F	FOR REVIEW ON:	
d. Local		, 00	DATE 5 1	15/02	-
		,	b. No. PROGRAM	- M IS NOT COVERED) BY E O 10270
e. Other	\$,caç	· 🛮 OR PROG	RAM HAS NOT BEE	N SELECTED BY STATE
. Program Income	\$	900	FOR REVI	EW	
TOTAL			17. IS THE APPLICANT	T DELINQUENT ON	ANY FEDERAL DEBT?
-	1 100	545 00	Yes If Yes, at	tach an explanation). IVI No
B. TO THE BEST OF MY KNO	WLEDGE AND RELIES ALL P	ATA INITING A COLLOR			
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWARD		APPLICANT AND THE	APPLICANT WILL	COMPLY WITH THE
 Type Name of Authorized Res 		Tille	la	. Telsphone Number	,
TimyO (Donnell Signature of Authorized Repre	asontative	City Manag	er	(714) 990	-7710
	/un O	Jonno l		Date Signed 5/	15/02
revious Edition Usable					

APPLICATION FOR		pane			
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier	
		May 8, 2002			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	***************************************
Non-Construction	☑ Non-Construction				
5. APPLICANT INFORMATION	LAS (1011 CONTOUR CONTO	<u> </u>			
Legal Name:			Organizational Unit:		
Lost Hills	Union School D	istrict		Public School Dis	strict
Address (give city, county, State,			Name and telephone	number of person to be contac	ted on matters involving
Address (give city, county, otale,	enta zip codoy.		this application (give a		
21109 Paso	Robles Hwy.		".	,	
Lost Hills	, CA 93249		Dr. David Da	ıy (661) 797 – 2632	2 Ext 112
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter li	n box)
	against terminal processing and a second				H
9 5 6 0 0 1	9 / 3		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:	wa-wa-		B. County	I. State Controlled Institution	of Higher Learning
	—	C Bautataa	C. Municipal	J. Private University	
X New	Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)	1	E. Interstate	L. Individual	
Trovision, onto appropriate			F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
71. H10/0000 71/10/10	specify):				
,	• • • • • • • • • • • • • • • • • • • •		9. NAME OF FEDER	AL AGENCY:	
			TICDA Durol	Development	
			USDA Kulai	Deveropment	
		tstan mn.	44 DESCRIPTIVE TI	TLE OF APPLICANT'S PROJ	ECT:
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N		,		
		1 0 - 7 6 6	Computer	Lab Funds	
	r Fooilition Cr	ant		c School District	•
12. AREAS AFFECTED BY PRO	y Facilities Gr	atre otali:			
12. AREAS AFFECTED BY PRO	JJECT (Clues, Counties, St	ales, GILI).	- V Francisco		
Northwest Kern	County CA	6.8.2.2	*Processing		
		ISTRICTE OF	4 2007		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
	- 4114	The same and the same as the	b. Project		
Start Date Ending Date	a. Applicant	Same and a street of the state	20th		
07/01/02 12/31/02	20th			SUBJECT TO REVIEW BY S	STATE EXECUTIVE
15. ESTIMATED FUNDING:					,,,,,,
		- 60	ORDER 12372 P	ROCESSY	
a. Federal	\$, , , , , , ,	w	VEO TINO DOE	APPLICATION/APPLICATION	I WAS MADE
	48,000			E TO THE STATE EXECUTIV	
b. Applicant	\$ 16 000	٠~		FOR REVIEW ON:	E ORDER (2012
	16,000	80	- PROCESS	5 POR REVIEW ON.	
c. State	\$,•••	DATE M	ay 8 , 2002	
		60	DATE II	a, 0, 2002	
d. Local	\$,••	6 No. 13 20000	RAM IS NOT COVERED BY E.	O 12372
			D. NO. LI PRUGR	GRAM HAS NOT BEEN SELE	FCTED BY STATE
e. Other	\$, 55	FOR RE		
		50	- FOR RE	, ¥ 1 h ₹ ¥	
f. Program Income	\$			ANT DELINQUENT ON ANY F	ENERAL DERT2
		5 0	17. IS THE APPLICA	ANI DELINGUENI ON ANI F	
g. TOTAL	\$.~	Yes If "Yes,"	' attach an explanation.	⊠ No
	64,000		017101/2027 1021 104	TION ARE TRUE AND CORE	RECT THE
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLI	UA HUN/PREAPPLICA	THE ADDITIONAL WILL COME	N Y WITH THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND	ING AFFLICANT WILL COMP	Des Antres 13190
ATTACHED ASSURANCES IF				c. Telephone Number	
a. Type Name of Authorized Re.	presentative	b. Title		(661) 797-3001	
Jerry E. Scott	<u> </u>	J District Su	<u>perintendent</u>	e. Date Signed	, , , , , , , , , , , , , , , , , , ,
d. Signature of Authorized Repr	esentative A			May 8, 2002	
1 11/2/2/ 9				110y U, 2002	

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Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FEDERAL A		E	2. DATE SUBMITTEC	Applicant Identifier			
1. TYPE OF SUBMISSION	N		3. DATE RECEIVED BY STATE	State Application Identifier			
Application		Preapplication					
☐ Construction ■ Non-Construction		☐ Construction☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INFORM	MATION						
Legal Name: California	Air Resources Board	•	Organizational Unit: Administrative Services Divis	on			
Address (give city, county 1001 I Street P. O. Box 2815 Sacramento, CA 95812			Name and telephone number of the person to be co application (give area code) Valinda Debbs, Administrative Paul Hug (916) 322-8193 (626) 575	hes, Program			
6. EMPLOYER IDENTII 68-0288069	FICATION (EIN):		B. County I. State Cont C. Municipal J. Private Ur D. Township K. Indian Tr	ent School District rolled Institution of Higher Learning diversity the			
8. TYPE OF APPLICATION: XX New Continuation Revision If Revision, enter appropriate letter(s) in box(es): □ A □ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:			E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):				
			NAME OF FEDERAL AGENCY: Énvironmental Protection Agency				
10. CATALOG OF FEDI		_	11. DESCRIPTIVE TITLE OF APPLICANT'S P	ROJECT:			
	ANCE NUMBER: 66.60 ies, Investigations, and		On-Board Diagnostics II Student Intern				
12. AREAS AFFECTED State of C	BY PROJECT (cities, o		MAY 1 4 2002				
13. PROPOSED PROJEC	т.	14. CONGRESSIONAL DISTRICT OF:	A consideration	The second secon			
Start Date	End Date	a. Applicant:		b. Project			
5/19/2002	8/23/2002	03		Statewide			
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO RE	/IEW BY STATE EXECUTIVE ORDER			
a. Federal		\$ 7,000.00	12372 PROCESS?				
b. Applicant		s	a. XX YES. THIS PREAPPLICATION/APP TO THE STATE EXECUTIVE ORDI	LICATION WAS MADE AVAILABLE ER 12372 PROCESSES FOR REVIEW			
c. State		\$	DATE Signature Date	•			
d. Local		\$	b. NO.				
e. Other		\$	PROGRAM IS NOT COVERED B OR PROGRAM HAS NOT BEEN S	Y E.O. 12372 ELECTED BY STATE FOR REVIEW			
f. Program Income		s	17. IS THE APPLICANT DELINQUENT ON AN	Y FEDERAL DEBT?			
g. TOTAL		\$ 7,000.00	☐ Yes If "Yes" attach an explanation.	X No			
BEEN DULY	T OF MY KNOWLED AUTHORIZED BY TI ANCE IS AWARDED.	GE AND BELIEF. ALL DATA IN THIS API HE GOVERNING BODY OF THE APPLICAL	PLICATION/PREAPPLICATION ARE TRUE AND C NT AND THE APPLICANT WILL COMPLY WITH	ORRECT, THE DOCUMENT HAS THE ATTACHED ASSURANCES IF			
a. Typed Name of Author	ized Representative		b. Title: Chief, Administrative Services	c. Telephone Number (916) 322-8198			
d. Signature of Authorize	Representative	د		e. Date Signed			
				3/9/02			
No. 10. Dec				Standard Form 424A (REV 4-88			

Application for Federal

OMB	Aroval	No	0348-0043	
	ALDIOVE:	140.	0340-0043	

Assistance			ONE Approva No. 0040 0040		
	2. Date Submitted		Applicant Identifier		
	3, Date Received by S	State	State Application Identifier		
1. Type of Submission: Application Pre-application	J. Date received by	SIGNO			
the second secon	4. Date Received by F	ederal Agency	Federal Identifier		
Construction XX Construction Non-Construction Non-Construction		,			
5. Applicant Information Legal Name		Organizational Unit			
WASET, INC.					
Address (give city, county, State, and zip code):	77/	Name, telephone number, and	d tacsimile number of the person to be contacted on		
matters	The state of the s	- ,.	ication (give area codes)		
3460 S. Broadway	7 Carrier	Moer L.	Sweitzer, Housing Consulant		
Los Angeles, CA 90007		202 021	1104 & (F) 323 232-0094		
New York	MAY 1 4 2002	323 231-	1104 & (F) 323 232-0094		
S. Faralaura Internation Number (EIN):	<u> </u>	7 Type of Applicant: (ent	er appropriate letter in box)		
6. Employer Identification Number (EIN):	TTP OFFAMILE		N N		
9 5 4 3 5 4 4 1	TE GULADING HOUSE	A. State	J. Private University		
O. Turn of Applications		B. County	K. Indian Tribe L. Individual		
8. Type of Application: **TY New	ion ·	C. Municipal D. Township	M. Profit Organization		
XX New Continuation Hevis		E. Interstate	N. Nonprofit		
If Revision, enter appropriate letter(s) in box	x(es):	F. Intermunicipal	O. Public Housing Agency		
		G. Special District	P. Other (Specify):		
A. Increase Award B. Decrease Award	C. Increase Duration	H. Independent School Di State Controlled Instituti			
D. Decrease Duration Other (specify):		9. Name of Federal Agency	·-·		
·		U.S. Department of	of Housing and Urban Development		
10. Catalog of Federal Domestic Assistance Number	**	11. Descriptive Title of Appl	licant's Project:		
To: Catalog of Federal Dollbatta Assistance Hamber	1 4 - 1 5 7	A 75 unit of	fordable senior housing		
Title:			emet, CA. Funding throu		
	43 - 177 down 1		n 202 Capital Advance		
Supportive Housing for	the Elderly		r seniors and the disabl		
12. Areas Affected by Project (cities, countles, States,	etc.):	, 0			
City of Hemet, CA & Sur	rounding Areas	s 62 years of	age and over.		
2 Decises	14. Congressions	l Districts of:			
13. Proposed Project: Start Date Ending Date	a. Applicant	Districts on	b. Project		
1/04 2/05	CA S	30	CA 44		
15. Estimated Funding:	16. Is Application Su	bject to Review by State Execu	tive Order 12372 Process?		
	a. Yes This	pre-application/application wa	as made available to the		
a Federal \$7,500,000	.go State	Executive Order 12372 Prod	Cess for feview On.		
	Date	<u> 5/10/02</u>			
b. Applicant \$.00 b. No 🔲 f	Program is not covered by E.C	O. 12372		
c. State \$	go or 🗆		ad har Otaka dan wardani		
	о, _П ,	Program has not been selecte			
d: Local See attached Funding Matrix	17. Is the Applicant I	Delinquent on Any Federal Deb 'es," explain below or attach a	an explanation XX No		
	∏ (es " ,	es, explass bolon of account	AX.		
e. Other \$.00				
f. Program income \$.00				
g. Total 5,7,500,000	.00				
	of all data in this annlin	ation/pre-application are	true and correct, the document has been du		
to. To the pest of my knowledge and beli- authorized by the governing hody of the ar-	onlicant and the applican	t will comply with the atta	ched assurances if the assistance is awarde		
a. Typed Name of Authorized Representative	b. Title		c. Telephone Number		
• •		PRESIDENT	323 231-1104		
ANA F. PONCE d. Signature of Authorized Representative			e. Date Signed		
u. Signature of Floring Trade Trapped Strative			5/10/02		

Federal	Assistance	Funding	Matrix
---------	-------------------	---------	--------

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested.

Program	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
HUD Section 202 Capital Advance		\$7.5 Mi	1.				\$7.5 Mil
		,					
	100 A						
Grand Totals		\$7.5 Mi	1.		-		\$7.5 Mil



Authorized Official Signature	Name (printed)	
Title :		Date

APPLICATI	ON FOR		2. DATE SUBMITTED		Aculida	or isometimes (C) Is	OME Approver No. 0348-0043	
FEDERAL	ASSISTA	NCE	05/14/02		7,551[6]	Pi-laconin PE C		
1. TYPE OF SUBMI			3. DATE RECEIVED E	Y STATE	State	policen Identifier		
Application	1	reapplication			Oldie II,		1 4 2002 191	
Construction		Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Fedora	reduiter William		
Non-Construc		Non-Construction						
5. AFFLICAN'I INFORM Legal Name:	ANION IST	HIS PROPOSAL BEING SU	RMITTED TO ANOTHER	FROERAL ACENCY	YES 🗷	NO IE YES HET MOHOLE	SWING HOUSE	
l		sity of Californ		Organizational Unit:		DIMILOR	37. 27.	
Address (give city, co	ounty, sinte, and		IIa	Name and telephone	and E-ma	al number of the nerson	mental Science & Mgmt.	
University of Ca		a Bachara		this application (give Pl: Arturo A. Ke	эгел соде	0)		
Santa Barbara.				kuller@bren.ucs		000 / 0-0		
	_					ancy Lewis, 805-893	-4034	
6. EMPLOYER IDENTE	FICATION NUMBER	₹ (EIN):		/ewis母omni.ucs 7. Type of Applican		porepriste letter in boys		
9	5 - 6	0 0 6 1	4 5	A. State		f. Indopendent School	U. J	
a Type or vestion				8. County	1.		r Diet. ititution of Higher Leaming	
8. TYPE OF APPLIC	ATION:			C. Municipal	J	Private University		
	Wew LB	☐ Continuation	□ Revision	D Township E. Interstate	K L	indian Tribe		
# Poviloido	· · · · · · · · · · · · · · · · · · ·			F Intermunicipal		f. Profit Organization		
If Revision, enter appli A. Increase Award		**************************************	Yewse Ourstian	G. Special Distric	l N	l. Other (Specify)	- International Property of the Control of the Cont	
D. Decrease Dural		(specify):	nesse Ontalida	9. NAME OF FEDERAL	AGENCY:			
· · · · · · · · · · · · · · · · · · ·					- 4. •			
				U.S. En	viranme	ntal Protection Age	ency • ORD - NCER	
10. CATALOG OF FEDE		6 6.	5 0 0	11. DESCRIPTIVE TITLE				
		<u> </u>	L	Incorporating Envir	onmenta	al Science and Mana	igement Information and Economic	
TITLE: 2002-STA	AR - E-1			Impositive with the state				
12. AREAS AFFECTED	BY PROJECT (cit	ins, countins, states, etc.):		incentives in Dacis	liou-waki	ing: The Case of Wa	ater Quality Маладетелі	
All States in the l	US			in Aquaculture.				
				3 (7) (quadrio) ()				
13. PROPOSED PROJEC			· · · · · · · · · · · · · · · · · · ·					
Start Date	Ending Date	14. CONGRESSIONA	L DISTRICTS OF:					
		a. Applicant		t	. Project			
01/01/03	12/31/04	Congressiona	District 23		All C	ongressional Dist	ricts	
15, ESTIMATED TOTAL	PROJECT FUNDIN	(G:	16. IS APPLICATIO	N SUBJECT TO REVIEW E	Y STATE	EXECUTIVE ORDER 1237	2 PROCESS7	
a. Federal	⁵ 1 9 9,9	26 .00	a. YES. THE	S PREAPPLICATION/A/ ATE EXECUTIVE ORDE	PELICATION	ON WAS MADE AVAIL	ARKS TO THE	
b. Applicant	s	.00.	DATI	· 5	E / 1 /	/02		
c. State	\$.00			5/14		_	
d. Local	\$	00	7	PROGRAM IS NOT COV	'ERED BY	r E.O. 12372		
				OR PROGRAM HAS NO	T BEEN S	SELECTED BY STATE	FOR REVIEW	
a. Other	s	00						
f. Program Income	\$.00	17. IS THE APPLICA	ANT DELINQUENT ON ANY	Y FEDERAL	L DEBT?		
g. TOTAL	5 199,92	26 .00	Yos	if "Yes," attach an expla	mation	□ No		
	_l				-			
18. TO THE BEST OF MY AUTHORIZED BY THE CO	KNOWLEDGE AN	OF THE APPLICATION	HIS APPLICATION/PRE	APPLICATION ARE TRUE	AND CORE	RECT. THE DOCUMENT	has been duly	
a. Typed Name of Aut	torized Represe	TIBLIVE		COMPLY WITH THE ATTAI	CHED ASS	URANCES IF THE ASSIST		
Nancy Lewis				ponsored Projects	Officer		c Telephone number 805-893-4034	
d. Signature of Authori	ized Reprosenta	lve				-	e. Dain Signed	
						,		
Previous Editions Not l	Usable			···				
Prescribed by Own C:							Standard Form 424 (REV 4-88)	

City of Fresno

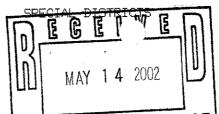
MAY 1 4 2002

STATE CLEARING HOUSE

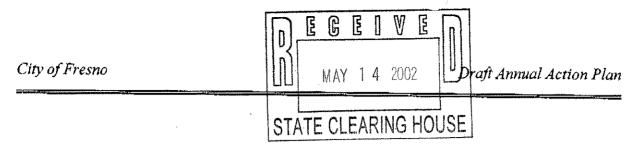
Draft Annual Action Plan

Application for Federal

Assistance						
		2. Date Sul 06	bmilliod 1/15/02		Applicant identifier 94-6000338	
1. Type of Submission;		3. Outs.Red	CRIVED by	Šīro (e	State Application Identifier	
Application: Preapplication:		4; Date Received by		Gederal Agency	Federal Identifier S-02-MC-001	
5. Applicant Information	,	_l			and the Adv	
Legal Namo City of Pressuo				Organizational Unit Gity Manag	uer's Office	
Address 2500 Fresno's Fresno, CA 93 Fresno			<u>-</u>	Contact Deen Huse (569) 498-		
r.coarc				ŀ		
6. Employer identification	Number (EIN):			7. Type of Applicant:		
8. Type of Application: Type: Continuesto	n.			Municipal		
				9: Name of Rederal A	gency: of Housing & Urban Development	
	4-231 mergenpy Shelter			City of Frosno. Flacel Year 201	of Applicant's Project: Emergency Sholter Grant Program for 12:2003	
13. Proposed Project:		44.C	outletelou	al Diagicis of		
Sman Data	End Date:	a. App	19,20		b. Project 19,20	
th, Estimated Funding:			16, is Ap	olication Subject to Ke	Main by State Executive Order 12372 Process?	
a, Federal	\$291,00	0.	Rev	lew Status: Progra	im not covered	
E Applicant	-30		1			
); State	\$0			•		
i. Local	\$0		177 is the	Applicant Delinguent	on Any Federal Clab?	
i. Other	50	(ive		
Program Income	\$0					
Total	\$ 291,00	0				
To the bast of my know the governing body of th	ledge and beligi, all d	ata in this app	ication/pre	application are I/Ua an	d correct, the document has been duly authorized by it he applicance is gwarded.	
Typed Name of Authorit	ced Representative	o Tilie	Menage		c: Telephone Number (659) 496-4591	
Signature of Authorized	Representative:	<u> </u>			e. Cate Signed	



APPLICATION F	OR.			OMB Approval No. 0348-0
FEDERAL ASSIS		2. DATE SUBMIT	STATE CLEAR	Mentonage
			, —————————————————————————————————————	
1. TYPE OF SUBMISSION		3. DATE RECEIVE	D BY STATE	State Application Identifier
Application Construction	Preapplication Construction	л 4. DATE RECEIVE	D BY FEDERAL AGENCY	Federal Identifier
Non-Construction	П Noл-Constr	i		
S. APPLICANT INFORMA	пом		10	
Legal Name: Lake County	canitation	District	Organizational Unit:	
Address (give clip, county,		LULSCLLCC	Name and telephone	number of person to be contacted on matters invol
230A N. Mai			this application (give	
Lakeport, C			Steve Bro	odnansky (707) 263-0119
6. EMPLOYER IDENTIFIC			7, TYPE OF APPLIC	ANT: (enter appropriata letter in box)
	00825			G
		•	A. State	H. Independent School Dist.
B. TYPE OF APPLICATIO			B. County C. Municipal	t, State Controlled Institution of Higher Learning J. Private University
	New Cantin	uation Revision	D, Township	K. Indian Tribe
If Revision, enter appropris	ate letter(s) in box(es)		E. Interstate	L Individual
	2. Ou	C. Increase Duration	F, intermunicipal G, Special District	M. Profit Organization N. Other (Specify)
A, Increase Award D. Decrease Duration		C, Increase Objation	G. Special District	(Control (Opensy)
0, 2000			9. NAME OF FEDER	RAL AGENCY:
			U.S. EPA	•
10. CATALOG OF FEDER	AL DOMESTIC ASSIS	TANCE NUMBER	11. DESCRIPTIVE 1	TITLE OF APPLICANT'S PROJECT:
III. CATALOG OF FEDER	TAC DOMESTIC ASSIS			ke Basin 2000 Phase 2
	_	66-60		pipeline construction.
TITLE: STA				
})UIIIIE2, 515152, 515.).		
Lake Cour	ıcy			
13. PROPOSED PROJEC	T 14, CONGRES	SIONAL DISTRICTS OF:		
Sign Date Ending D	ale s. Applicant		b. Project	
1-1-02 12-1	-02 First		First	
15. ESTIMATED FUNDIN	G:		1	N SUBJECT TO REVIEW BY STATE EXECUTIVE
g, Federal	\$	405 504 8	ORDER 12372	PROCESSY
4, 1, 60,6121		485,000		EAPPLICATION/APPLICATION WAS MADE
b. Applicant	S	1,113,771		BLE TO THE STATE EXECUTIVE ORDER 12372
c. State	<u> </u>	1,11J,//1	PROCES	SS FOR REVIEW ON: .
G. G.R.E		2,000,000	DATE _	5/14/02
d. Local	\$,		<u>-</u>
		20		RAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE
e. Other	s	, ~	, –	rogham has not been secepted by state.
f. Program Income	\$	8		·
			17. IS THE APPLIC	CANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	3,598,771	Yes If Yes	anach an explanation. 🔲 No
18. TO THE BEST OF M	Y KNOWLEDGE AND	BELIEF, ALL DATA IN THIS	APPLICATIONPREAPPLIC	CATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEE!	N DULY AUTHORIZED	BY THE GOVERNING BODY	OF THE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorit	/ Britanian	D. Tille		c. Telephone Number
Steve Brod	nansky	Admin	istrator	(707) 263-0119
d. Signatura of Authorize	depresentative		······································	a. Date Signed 5-9-02
Previzus Edition Illanbie	20744264	ry		Slandard Form 424 (Rev. 7-97)



Application for Federal

Assistance	· ·	2. Oate Submittee		Applicant Identifier		
1. Type of Submission:		3. Date Received		94-600033B		
**			Dy Juste	State Application Identifier		
Application: Preapplication:		Chate Received	by Federal Agency.	Festeral Identifier R-02-MC-06-0206		
5. Applipant Information						
Logal Name City of Fresno.		, , y - 40004	Organizational Unit	ger's Office		
Addrese.			Contact	Y		
2600 Fresno Sir Fresno, CA 937	eer 21		Dean Hus (559) 498-	aby 1136		
Freend						
6 Employer Identification)	lumber (EIN):		7. Type of Applicant			
5 Type of Application: Type: Continueston	······································		Municipal			
			9, Name of Recent . U.S. Dept.	feency. Of Housing & Urban Dievelopment:		
	239 ME investment Part		City of Frestio:	of applicants Project; HOME Investment Partnership Program for 02-2003		
13. Proposed Project:		14. Congrées	sional Digiticis of:			
919/t Date 07/01/02	66/30/03 06/30/03	a. Applicant 19.		b, Project 16,20		
15. Ealimated Funding:		16: 6	Application Subject to Re	View by State Executive Order 12372 Process?		
а. Ределы,	\$9,900,000		Review Status:	,		
b. Applicant	\$6					
c, Brita	\$0					
d. I.ocal	\$0	177. Fs	the Applicant Dalinguent	on Any Federal Cab;?		
e. Oliger	\$2,363,000		in the second se			
Plogram income	\$1,250,000					
;. Total	\$7 ₁ 513:000					
	4.10.000					
To the best of my knowles the governing body of the		In this application cant will comply w	preepplication are true ar	nd octreor, the document has been duly authorized as if the desistance is awarded.		
8. To the bast of my knowler the governing body of the Typed Name of Authorize Daniel G. Hobbs	dge and belief, all hate applicant and the appli	In this application cant will comply w		id correct, the document has been duly authorized as if the dealstance is awarded. p: Telephone Number (559) 498, 459.1		

of Fresno		Draft An	gual Agricon Pra
Application for Federa	TO THE SECOND STREET,		1 4 2002
Assistance	2: Date Submitted 08/15/02		ARING HOU
Type of Submission Application: Not Applicable	3. Date Received by	理(e Sbite Application Gentile)	
Presipulcation:	4. Dale Received by	ederal Agency Paderal Identifier B-02-MC-06-001	
5. Applicant Information Legal Name		Organizational Unit	
City of Fresno		City Manager's Office	
2000 Freeno Street Freeno CA 93721		Contact Dean Huseby (559) 498-1135	
B. Employer identification Number (EIN):		*. Type of Apolicant: Municipal	
L Type of Application: Type: Continuation			
	•	9: Name of Poder# Agency	
Catalog Number: 1,4-218 Assistance Title: Community Develop 12. Areas Affected by Project: City of Fresno	ment Block/Entitlemen	City of Freenin Community Development Block Gre 2002-2003	PIL IGE PY
3. Proposed Project: Start Date: LEnc Date	14 Congression	Plantos of	
07/01/02 08/30/03	a :Applicant 1.9,20	h. Project 19:20	
5. Estimated Funding: . Federal \$8,415;(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ilcation Subject to Review by State Executive Order 12372 F	ocean?
: Applicant \$0	<u> </u>	Date: 07/01/02	
. State \$6			
Lacal	47. Ja the	Applicant Delinquent on Any Regeral Debt?	
Other SA		Mo.	
Program Income			
\$150,000 Total			
\$ 9,586,0 To the best of my knowledge and belief, all or		palication are three and correct, the document has been duly a cettached assurances if the assistance is awarded.	Withoursed
the governing body of the applicable and the ap Typest Name of Authorized Representative Dantel G. Hoppe	plicam will comply with t b. Title City Manager	o shached assurances if the assembler is awarded. 5. Telephone Number. (559) 498-4501	and addition
Signature of Authorized Representative	Control of the Contro	e Dale Signed	

						n E	GEIVEN
APPLICATI	-		2. DATE SUBMITTED		Applicant Ident		OMB Approval No. 0348 004
FEDERAL		CE	5/7/2002				MAY 1 4 2002 111
1. TYPE OF SUBMI		appGcation	3. DATE RECEIVED 8	Y STATE	State Applicant		MAY 1 4 2002 1 7
Construction		Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal identifi	<u> </u>	
Non-Construct		ion-Construction				STATE	CLEARING HOUSE
5. APPLICANT INFORM	MATION IS THE	PROPOSAL BEING SU	BMITTED TO ANOTHER	FEDERAL AGENCY7	YES NO IF	YES, LIST ACRO	NYM(5)
The Regents	s of the I lei	romiku of Cali	· ::	Organizational Unit;			-
Address (give city, c			liornia	Department	of Geogra	phy, UC	Santa Barbara
University of Cal	lifornia, Santa	Barbara		nes obbucancu (buse	: Brita Code)		on to be contacted on matters involving
Office of Resear				Pt: Keith C. (Clarke, 805-8	93-7961, k	clarke@geog.ucsb.edu
Santa Barbara, (CA 93106-205	iO		ADMIN. CONTA	ACT: Nancy R	. Lewis 805	-893-4034
6. EMPLOYER IDENTIF	ICATION MANGED	E783:			Email:	lewis@omni.	ucsb.edu
9	5 - 6	0 0 6 1	14 6	7. TYPE OF APPLICAN	iT: (enter appropri	गव स्थापन के हेटाई	
	<u> </u>	0 0 0 1	4 5	A. State B. County		pendent Scho	
8. TYPE OF APPLIC	ATION:			C. Municipal		e Controlled in ale University	stitution of Higher Learning
	D New	☐ Continuation	☐ Révision	Township E. Interstate		an Tribe	
				F. Intermunicipa		<i>r</i> idual It Organization	
If Revision, enter app A. Increase Award			L	G. Special Distric	ct N. Oth	er (Specity)	
D. Decrease Dura			icrease Distration	S. NAME OF FEDERAL	AGENCY:		
10. CATALOG OF FEDE	DA) BOSECTIC						gency - ORD - NCER
ASSISTANCE NUM		6 6 -	5 0 0	11. DESCRIPTIVE TITL	E OF APPLICANT'S	PROJECT:	
TITLE: 2001)81	AR - E-1			VESTA: A	Frameworl	k for Inte	grated Spatial
12. AREAS AFFECTED	BY PROJECT (chie	Controller states en 1	-	Modeling, (Comprehen	sive Plan	ning and Valuation of
		COMPANY SOME ME	,	Fire Risk at	the Wildla	ınd-Urbai	n Interface
Sar	nta Berbera Cou	Inty, CA					
13. PROPOSED PROJE	Ending Date	CONTRESSIONS Applicant	L DISTRICTS OF:				
	09/30/2004	23n	··•		b. Project		
					23rd		
a. Federal		:	16. IS APPLICATIO	ON SUBJECT TO REVIEW	BY STATE EXECUT	TVE ORDER 123	772 PROCESS7
a. rederer	7	375,297 ^{,0}	g B. YES, THE	S PREAPPLICATION/A ATE EXECUTIVE ORD	PPLICATION WA	S MADE AVAI	EABLE TO THE
b. Applicant	\$	4,562	 		/14/2002		.c.y on.
c, State	s	.0.	0			·	
d. Local	3	 .O		PROGRAM IS NOT CO	VERED BY E,Ö, 1	2372	
		.01		OR PROGRAM HAS NO	OT BEEN SELECT	ED BY STATE	FOR REVIEW
e. Other	5	.01	0				
f. Program Income	5	.00.	17. IS THE APPLIC	ANT DELINQUENT ON AN	Y FEDERAL DEBT	· -	
g. TOTAL	s	379,859.0	O Yes	if "Yes," attach an expl	anation.	И	10
18. TO THE BEST OF M	KNOWLEDGE AND	BELIEF, ALL DATA IN	THIS APPLICATION PRE	APPLICATION ARE TRUE	AND CORRECT, 1	HE DOCUMENT	HAS BEEN DULY
AUTHORIZED BY THE GO a. Typed Name of Aut	horized Represent	TITE APPLICANT AND		COMPLY WITH THE ATTA	CHED ASSURANCE	ES IF THE ASSI	······································
Na Na	псу R. Lowis	$\Delta \Delta$			Projects Office	Γ	c. Telephone number 805-893-4034
d. Signature of Allymon	ixod Representativ	$\mathbb{V}[\mathbb{V}]$					e. Data Signed
Provious Editions NO	/ \	1					Signifiard Form #24 (REV 4-88)
Prescribed by OMB C	21-34 (F A-162	<i>f</i>	rutnorized for La	ocal Reproduction	n		1

PLICATION FOR				TO E B OPEN APP	proval No. 0\$48-0043
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED	/	Applicant Identifier	
FEDERAL ASSISTAL	4CL	5/10/02		1131	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application I dentifier 5	JU 2002
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction	4, DATE RECEIVED DI	I EDE ME MOENTS!	STATE CLEAR!!	TO HOUSE
5. APPLICANT INFORMATION				2 VIE OFFWAL	AGLIOOOF
Legal Name:			Organizational Unit:		
California State	Polytechnic Unive	rsity Romina			
Address (give city, county, State,	, ańd zip code):			umber of person to be contacte	d on matters irrediving
3801 W. Tei	mple Ave.		this application (give an	ea code)	
Pomona, CA.	91768		1	perly A. Plater 909	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in l	
95-2417	645			H. Independent School Dist.	<u>I</u>
8. TYPE OF APPLICATION:	Î.	and with the first of the second seco	,	I. State Controlled Institution of	Higher Learning
☑ Nev	w Continuation	Revision	***************************************	J. Private University K. Indian Tribe	
			10 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	L. Individual	
If Revision, enter appropriate let	ter(s) in box(es)		· // · · · · - · - · · · · · · · · ·	M. Profit Organization	
A. Increase Award B. Dec	crease Award C. Increa	ise Duration 1 3 2002		N. Other (Specify)	
D. Decrease Duration Other	51 5 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 / '		
D. Decrease Daragon Caron	LET	TE OFFAMOR	9. NAME OF FEDERA	L AGENCY:	
		TE OLFAFING HOUS		t. of Justice,	COPS
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJE	CT:
		16-710		Ø.	
Tubic	Safety and		Univer	rsal Hiring Pri	ogram
TITLE: Comme	unity tolicing t	rants.	-		J
]		
Pomona, Los An.	geles, Califor	nia			
13. PROPOSED PROJECT	14. CONGRESSIONAL				
Start Date Ending Date	a. Applicant		b. Project		
2002 2005	41		41	OUR INOT TO DEVERIN DV CT	TATE EVECUTIVE
15. ESTIMATED FUNDING:			· i	SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
			ORDER 12372 PR	ROCESS?	
a. Federal	\$		a VES THIS PREA	APPLICATION/APPLICATION V	WAS MADE
	-	15,000 00	AVAILABLE	TO THE STATE EXECUTIVE	ORDER 12372
b. Applicant	4	89 009.00		FOR REVIEW ON:	
c. State	\$.00	DATE	5/10/02	
d. Local	\$.00		AM IS NOT COVERED BY E. C	12372
e. Other	\$.00	☐ OR PRO	GRAM HAS NOT BEEN SELEC	CTED BY STATE
		00	FOR REV	/1⊏ 4 4	
f. Program Income	\$,	17. IS THE APPLICA	NT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL	\$	64,009:00	Yes If "Yes,"	attach an explanation.	⊠ No
18 TO THE REST OF MY KNO	OWLEDGE AND BELIEF.	ALL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORRE	ECT, THE
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE	GOVERNING BODY OF T	HE APPLICANT AND T	HE APPLICANT WILL COMPL	Y WITH THE
ATTACHED ASSURANCES I	F THE ASSISTANCE IS A	WARDED.			
a. Type Name of Authorized Re		b. Title	1 -	c. Telephone Number	0
Tomas Moral		Vice Pres	ICIENT	909-869-341 e. Date Signed	0
d. Signature of Authorized Rep	resentative	-TXMW	1	5-10-02	
		- K (0).		Standard Form 42	

OMB Approval No. 0348-004

FROM : UCLA DEVELOPMENTAL STUDI FAX NO. : 3102064215

FEDERAL ASSIST	OR TANCE	2 DATE SUBMITTE 5/10/02	7)	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Preapplication	1 DATE RECEIVED) BY STATE	State Application Identifier
Construction Non-Construction	Construction Non-Construction		BY FEDERAL AGENCY	Federal Identifier
APPLICANT INFORMATI		•••		
egal Name: Regents		ersity of	Organizational Unit:	
California, I	Los Angeles		University	of California, Los Angel
Aridress (alve city, county, SI	tate, and zip code):		Name and telephone	number of person to be contacted on matters inv
UCLA, Office of 10920 Wilshire Los Angeles, O	e Blvd., Suite	e 1200	ms application (give a Breck Hill	(310) 794-0196
EMPLOYER IDENTIFICAT			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
9 5 6 0 0	6 1 4 3			
	1 01 11 11 0		A State	H. Independent School Dist.
. TYPE OF APPLICATION:	1		B. County	State Controlled Institution of Higher Learning
⊠1	New Continuation	n Pavision	C. Municipal	J. Private University K. Indian Tribe
f Daylinian Agree conserving	integral in howard		D. Township E. Interstate	t, individual
f Revision, enter appropriate	remer(s) in DOI(62)		F. Internunicipal	M. Profit Organization
A. Increase Award B. I	Decrease Award C. Inc	rease Duration	G. Special District	2
D. Decrease Duration Off	7		· · · · · · · · · · · · · · · · · · ·	,
	see a colyge		9. NAME OF FEDERA	AL AGENCY:
			Administrat	ion on Children, Youth
			and Familie	s, Administration for d Families. DHHS
D. CATALOG OF FEDERAL	L DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
ACF/ACYF/HS-U	IP, EHS-UP&HSO	S O 2 CO	0 Boys and G	irls Club-UCLA
2002-03, Prio	rity Area l.()2 (2131 – 1919)	Early Head	Fragt C E I V E I
TITLE: Projec	t Head Start			THE GELVE
12 AREAS AFFECTED BY I San Fernando California, a	Valley, Los A		У,	D - 2002
13. PROPOSED PROJECT		L DISTRICTS OF:		
Start Date Ending Date	a Applicant 02 29th		D. Project Natio	PSTATE CLEARING HOUSE
15. ESTIMATED FUNDING:		-	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PF	OCESS?
a. Federal	\$	- 00	•	
		975	- VES THE SEC	THE PATIONIADE FORTION WAS MADE
	763,			APPLICATION/APPLICATION WAS MADE
	763,5 \$ 225,5		AVAILABLI	APPLICATION/APPLICATION WAS MADE ETO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
. Applicant	12		AVAILABLI PROCESS	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
. Applicant	s 225,	647	AVAILABLI PROCESS	E TO THE STATE EXECUTIVE ORDER 12372
. Applicant	s 225,	647	AVAILABLI PROCESS DATE	FOR REVIEW ON: 5/10/02
. Applicant	\$ 225,1 \$	647	AVAILABLI PROCESS DATE b. No.	FOR REVIEW ON: 5/10/02 AM IS NOT COVERED BY E. O. 12372
. State	s 225,	647	DATE	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: 5/10/02 AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE
Applicant State Local Other	\$ 225,1 \$ \$	647	AVAILABLI PROCESS DATE b. No.	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: 5/10/02 AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE
. Applicant . State I. Local	\$ 225,1 \$	647	DATE	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: 5/10/02 AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE JIEW
Applicant State Local Other Program Income	\$ 225, \$ \$ \$	647	DATE	FOR THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: 5/10/02 AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE JIEW INT DELINQUENT ON ANY FEDERAL DEBT?
Applicant State Local Other Program Income	\$ 225,6 \$ \$ \$ \$ \$	647	DATE	FOR THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: 5/10/02 AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW MT DELINQUENT ON ANY FEDERAL DEBT? attach an explanation. X No
D. Applicant D. State D. State D. Local D. Other D. Program Income D. TOTAL	\$ 225,6 \$ \$ \$ \$ \$ \$ \$ 989,	647	DATE	FOR THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: 5/10/02 AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE JIEW INT DELINQUENT ON ANY FEDERAL DEBT?
D. Applicant D. State D. Local D. Other D. Program Income D. TOTAL DOCUMENT HAS BEEN DI ATTACHED ASSURANCES	\$ 225, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	647 647 622 F, ALL DATA IN THIS APF E GOVERNING BODY OF AWARDED.	DATE	FOR REVIEW ON: 5/10/02 AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE JOHN DELINQUENT ON ANY FEDERAL DEBT? ATTACKS OF SEMENTATION. ITON ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
Applicant State Local Other Program Income TOTAL	\$ 225, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	647 647 622 F, ALL DATA IN THIS APF E GOVERNING BODY OF AWARDED.	DATE	FOR REVIEW ON: 5/10/02 AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE JOHN AND THE APPLICANT WILL COMPLY WITH THE C. Telephone Number (310) 794-0196
p. Applicant c. State d. Local e. Other c. Program Income g. TOTAL ls. TO THE BEST OF MY KU DOCUMENT HAS BEEN DI ATTACHED ASSURANCES a. Type Name of Authorized	\$ 225, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	647 647 622 F, ALL DATA IN THIS APF E GOVERNING BODY OF AWARDED. b. Title Contra	DATE	FOR REVIEW ON: 5/10/02 AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE ATTOMICS OF SELECTED BY STAT

Authorized for Local Reproduction

						MB Approval No. 0248 664:
APPLICATION FEDERAL ASS		E	2. DATE SUBMITTED		cant demoner	EBAE
1. TYPE OF SUBMISSION	V		3. DATE RECEIVED BY	Y STATE	State Applicant dentifier	
Application	1 '	pplication				y 1 5 2002
Construction		onstruction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction ■	⊠ No	on-Construction				
. APPLICANT INFORMATION	N ISTHIS	PROPOSAL BEING SU	IBMITTED TO ANOTHER	FEDERAL AGENCY?	YES XNO CHEALISTAD	LEARING HOUSE
egal Name:				Organizational Unit:		
Kishorchandra Gol					University of Californ	
Address (give city, county, University of Californ Department of Intern Division of Pulmonar Surge I, Room 1121 Davis, CA 95616	iia, Davis al Medicine	· •	CCRBM	involving this applica	tion (give area code) dra Gohil, Ph.D.	son to be contacted on matters
. EMPLOYER IDENTIFICATI	ON NUMBER (E	in):		7. TYPE OF APPLICAN	IT: (enter appropriate letter in bo)x) [A]
9 4	_ 6	0 3 6 4	9 4	A. State	H. Independent School	
				B. County		stitution of Higher Learning
. TYPE OF APPLICATION:				C. Municipal D. Township	J. Private University K. Indian Tribe	
	⊠ New	☐ Continuation	Revision	E. Interstate	L. Individual	
Revision, enter appropriate le	atter(s) in havion	. [<u> </u>	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)	
				o. opeda bisitict	H. Other (opecity)	
A. Increase Award D. Decrease Duration	B. Decrease Other (spe	*	crease Duration	9. NAME OF FEDERAL	. AGENCY:	
2. Doubles Duration	Onior (apt					
				U.S	. Environmental Protection Agen	cy - ORD - NCER
D. CATALOG OF FEDERAL ASSISTANCE NUMBER:	DOMESTIC	6 6	5 0 0	11. DESCRIPTIVE TITL	E OF APPLICANT'S PROJECT:	
TITLE 2002 CTAD	C4			Genomic Res	ponses of Heart to Airbo	rne Particulate Matter
TITLE: 2002-STAR -	- 31				Wilderson Ave	Black on the state of the group Mattack of the group of the state of t
2. AREAS AFFECTED BY PI	ROJECT (cities	, counties, states, etc.):			Whomas in the Bound
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State						MAY 13 2002
					Box.	
3. PROPOSED PROJECT:		14. CONGRESSION	AL DISTRICTS OF:	<u></u>	# # # # # # # # # # # # # # # # # # #	and the second s
Start Date Er	nding Date	a. Applicant			b. Project	
01/01/03 1	2/31/05					
5. ESTIMATED TOTAL PRO		:			BY STATE EXECUTIVE ORDER	
Federal	8	626,865.			CATION WAS MADE AVAILABLE 12372 PROCESS FOR REVIEW O	
Applicant §			00		i / /	
•		•	DATE	E	04/29/02	
State	}		00	-	9 /	**************************************
ı	-		b. NO. []	PROGRAM IS NOT COVE	RED BY E.O. 12372	: : :
. Local §	B		00			
•				OR PROGRAM HAS NOT	BEEN SELECTED BY STATE FOR	REVIEW
. Other	3		000	OR PROGRAM HAS NOT		REVIEW
. Other s	S		00 17. IS THE APPLIC		NY FEDERAL DEBT?	REVIEW
Program Income s	6	626,865.	00	CANT DELINQUENT ON A	NY FEDERAL DEBT?	
. Other \$ Program Income \$. TOTAL \$. TO THE BEST OF MY KNOWLE UTHORIZED BY THE GOVERNING	EDGE AND BELIEF,	625,865. ALL DATA IN THIS APPLI	17. IS THE APPLIC	CANT DELINQUENT ON A If "Yes," attach an explan RE TRUE AND CORRECT. THE	NY FEDERAL DEBT?	
. Other \$ Program Income \$. TOTAL \$ 8. TO THE BEST OF MY KNOWLE UTHORIZED BY THE GOVERNING	EDGE AND BELIEF,	626,865. ALL DATA IN THIS APPLI PLICANT AND THE APPLI BLUE BLUE BLUE BLUE BLUE BLUE BLUE BLUE	17. IS THE APPLIC	CANT DELINQUENT ON A If "Yes," attach an explan RE TRUE AND CORRECT. THE	NY FEDERAL DEBT? ation.	
Program Income § TOTAL § TOTAL S TO THE BEST OF MY KNOWLE	EDGE AND BELIEF, S BODY OF THE AP Zed Represent	626,865. ALL DATA IN THIS APPLI PLICANT AND THE APPLI PLICANT AND THE APPLI SANGER M. DO Contracts and	17. IS THE APPLIC	CANT DELINQUENT ON A If "Yes," attach an explan RE TRUE AND CORRECT. THE HE ATTACHED ASSURANCES	NY FEDERAL DEBT? ation.	No No
. Other \$ Program Income \$. TOTAL \$ s. TO THE BEST OF MY KNOWLE UTHORIZED BY THE GOVERNING Typed Name of Authorized States of States	EDGE AND BELIEF, S BODY OF THE AP Zed Represent	626,865. ALL DATA IN THIS APPLI PLICANT AND THE APPLI PLICANT AND THE APPLI SANGER M. DO Contracts and	17. IS THE APPLIC	CANT DELINQUENT ON A If "Yes," attach an explan RE TRUE AND CORRECT. THE HE ATTACHED ASSURANCES	NY FEDERAL DEBT? ation.	c. Telephone number (530) 752-2075

APPLICATION FOR					OMB Approval No. 0348-0043
EDERAL ASSISTANCE	2.Date S 	ubmitted		Applicant lo	dentifier
. TYPE OF SUBMISSION: .	3.Date R	eceived by State	State Ap	plication Ident	cifier
Application Preapplication Construction Construction Nonconstruction Nonconstruction	 4.Date R	ec'd by Fed Agency .	Federal	Identifier	
. APPLICANT INFORMATION eqal Name State Water Resources Control Board		Organizational Unit			
Address (give city, county, state, and zip code):		Name and telephone			
State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		involving this app. Bart Christensen 4916) 341-5655			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		17. TYPE OF APPLICAN	T:(enter	appropriate le	tter in box) A
6 8 0 2 8 1 9 8 6 8. TYPE OF APPLICATION: X New Continuation Revi		 A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special Distric	I. J. K. L. M.	Indian Tribe Individual Profit Organiza	e Higher Learning sity ation
A. Increase Award B. Decrease Award		9. NAME OF FEDERAL	AGENCY:		
C. Increase Duration D. Decrease Duration Other (Specify)		U.S. Environmen	tal Prot	ection Agency	
	14 CONGF a, Appli a, Appli 		n work to needs in national es to dimplement	o identificant ne A/Morico Her quality equity environm adion of appro o. Project california TEANCUMUE OR as made availab	rem Congrade Rives Region and resolved environmental bottler egion the project programs, including support to ental infrastructure needs and priate solutions
\$.00	Date:	May 10, 2002			
): [<u> </u>	rogram is not covere	d by EO	12372.	
d. Local \$.00 e. Other	{ <u> </u>	r program has not be	en selec	ted by state fo	or review.
\$.00	THE APPL	ICANT DELINQUENT ON	ANY FEDE	RAL DEBT?	
Income \$.00 g. TOTAL		attach an explanatio			
18 TO THE BEST OF MY KNOWLEDGE AND BELLEF, ALL DI DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVER ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARI	RNING BOD	IS APPLICATION/PREAL Y OF THE APPLICANT A	PLICATION THE A	ON ARE TRUE AND APPLICANT WILL C	CORRECT, THE COMPLY WITH THE
a. Typed Name of Authorized Representative		b. Title			c.Telephone Number
Celeste Cantú	l l	Executive Directo	or		(916) 341-5615
d. Signature of Authorized Representative	!				e. Date Signed
Previous Editions Not Usable AUTHORIZED FO	R LOCAL R	EPRODUCTION		Pre	Standard Form 424 (Rev 7-97) escribed by OMB Circular A-012

APPLICATION FOR	2. D#	TE SUBMITTED	•	Applicant is	dentifier		
FEDERAL ASSISTANCI	Ē	5/21/2002					
1.TYPE OF SUBMISSION:	3. DA	TE RECEIVED BY STAT	Ë	State Appli	cation identifie)f	·
Application Preappl	lication		•				
Construction	nstruction 4. DA	TE RECEIVED BY FEDE	RAL AGENCY	Federal ide	ntifler		
	n-Construction						!
5. APPLICANT INFORMATION							
Legal Name: County Address (give city, county, state, and	y of Fresn	0				& Resource M	
			Name and te this applicati			to be contacted on matters i	nvolving
2220 Tular			1		•	, Housing & G	ront
Fresno, CA	93721		(559)	262-	4292	, nousing a G Specia	
6. EMPLOYER IDENTIFICATION (E)	N):					oriate letter in box)	
9 4 - 6 0	0 0 5	1 2	•	••			В
8. TYPE OF APPLICATION:			A. State B. Count		I. State Co	dent School Dist. Introlled institution of Higher	Learning
S. TIPE OF APPLICATION:	П	_	C . Municip D. Towns	hip	J. Private K. Indian T	ribe	
K_I New	Continuati	ion Revision	E. Interst F. Intermu	ınicipal	L. Individua M. Profit C	rganization	
If Revision, enter appropriate letter(s	ı) in]	G. Special	District	N. Other (S	ipecify)	
	· ·						
	screase Award c. ii r (specify):	ncrease Duration					
	1-1		9. NAME OF	FEDERAL A	GENCY.		
			U.S.D	.A. R	ural De	evelopment	
10. CATALOG OF FEDERAL DOME	STIC ASSISTANCE NU	MBER:	11. DESCRI	PTIVE TITLE	OF APPLICA	NT'S PROJECT:	
			Owner	-000	nant De	ehabilitation	Proje
	1 0	- 4 3 3	in ru	rel F	Lespo (
TITLE: Housing P	reservatio	n Grant	- - " - "	141 1	. Cono C	THE GE	
	•	•					
Fresno County,	unincorpor	ated rural				A CONTRACTOR OF THE PARTY OF TH	2000
13. PROPOSED PROJECT	14. CONGRESS	IONAL DISTRICTS	OF:			 	ZIMU.
Start Date Ending Date	a. Applicant		b. Pro	oject			······································
9/2002 9/2003	18, 19,	20	1	8, 19	, 20	OTATE OLEADI	NO UO
15. ES	STIMATED FUNDI	NG	16. IS	APPLICATI	ON SUBJECT	TOWNER STATE BE	CUTIVE V
a. Federal	s		00		2 PROCESS?		
	·	\$153.00	10.00			ATION/APPLICATION WAS N HE STATE EXECUTIVE ORDI	
b. Applicant	\$.00			FOR REVIEW ON:	
	<u>, , , , , , , , , , , , , , , , , , , </u>						
c. State	\$.00	ħ.	5/2	1/2002	
				•			···
d. Local	\$.00	b. NO	PROGRAM IS	NOT COVERED BY E.O. 12	237 2
e. Other CDBG/HOME	\$	153,00	0.00			W HAS NOT BEEN SELECTED) BY
		133,00	10		STATE FOR F	REVIEW	
f. Program income	\$.00 17. IS	THE APPL	CANT DELING	UENT ON ANY FEDERAL DE	BT?
g. Total	\$	^20C 0C		YES (Atta	ich explanation) X NO	
		\$306,00					
18. TO THE BEST OF MY CORRECT, THE DOCUME APPLICANT WILL COMPLY	NT HAS BEEN D	ULY AUTHORIZED	RY THE C	OVERNII	NG RODY (OF THE APPLICANT A	AND THE
a.Type Name of Authorized Represe		b. Title				c. Telephone Number	
Carolina Jimen		Dire	ctor			(559) 262 -	4168
d Signature of Authorized Represen	, ,					e. Date Signed	
1 Cleur W	veney 197	23/5				5/21/20	U Z

APPLICATION FOR				OMB Ar	pproval No. 0348-0043	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
		May 3, 200)2			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier		
Application	Preapplication					
☑ Construction	☐ Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier		
Non-Construction	☐ Non-Construction	***				
5. APPLICANT INFORMATION						
egal Name:	*****		Organizational Unit:			
Ducor Community Se	ervices Distric	<u>t</u>	Special Dis	strict		
Address (give city, county, State,	and zip code):		,	number of person to be contact	ed on matters involvir	
P.O. Box 187			this application (give a	rea code)		
Ducor, CA 93218			Judy Duncan	559/534-2789 or		
			Anna Scotiel	<u>d 559/651-1000 ex</u>	.t. 058	
6. EMPLOYER IDENTIFICATIO			7. TYPE OF APPLICA	ANT: (enter appropriate letter in		
77 02 54	8 6 1		A. State	H. Independent School Dist.	G	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution-c	af Higher Learning	
		[*****]	C. Municipal			
X Nev	v Continuation	Revision	D. Township	K. Indian Tribe		
If Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate	L. Individual		
a	(-,		F. Intermunicipal	M. Profit Organization	11AV + A	
A. Increase Award B. Dec	crease Award C. Increa	se Duration	G. Special District	N, Other (Specify)	<u>MAY 1</u> 0 20	
D. Decrease Duration Other	'specify):					
			9. NAME OF FEDER	AL AGENCY:	Min w	
			US Dept. o	ALAGENCY: f Agricultur STATI	E CLEARING	
			Rural Deve	Iopment	a mar a di A	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJE	ECT:	
Emergency Communi	ty Water	1 0 - 7 6 3	Ducor Emer	gency Water Supply	٧	
Assistance Grant	·	1 0 - 7 6 3		on of a new well a		
TITLE:				ts to supply water		
12. AREAS AFFECTED BY PR			community.	os os sappij wase.	00 0110	
Ducor CSD, Tulare	County , Calif	ornia				
13. PROPOSED PROJECT	14. CONGRESSIONAL D		iam Thomas			
0		MITI	·			
Start Date Ending Date	a. Applicant		b. Project	21		
6/1/02 8/1/02	21				TATE EVECUTIVE	
15. ESTIMATED FUNDING:				N SUBJECT TO REVIEW BY S	TATE EXECUTIVE	
- Cadaas	Te	00	ORDER 12372 P	ROCESS?		
a. Federal	\$	500,000	a VES THIS PRE	APPLICATION/APPLICATION	WAS MADE	
b. Applicant	\$	300,000		E TO THE STATE EXECUTIVE		
5. 7. pp.//de/ N	*	•	PROCESS	FOR REVIEW ON:		
c. State	\$.00				
			DATE M	ay 3, 2002		
d. Local	\$, co				
Weill Foundation		3,000	_	RAM IS NOT COVERED BY E.		
e. Other	\$	00	· –	OGRAM HAS NOT BEEN SELE	CTED BY STATE	
		00	- FOR RE	VIŒVV		
f. Program Income	\$,5**	17 IS THE APPLICA	ANT DELINQUENT ON ANY F	EDERAL DEBT?	
g. TOTAL	S	.00		attach an explanation.	∏ No	
		503,000				
18. TO THE BEST OF MY KNO						
			HE APPLICANT AND	THE APPLICANT WILL COMP	LY WITH THE	
ATTACHED ASSURANCES IF			· · · · · · · · · · · · · · · · · · ·	1 - 7		
a. Type Name of Authorized Re	presentative	b. Title	_4.	c. Telephone Number		
' <u>Grace Castillo</u>	A	<u> Presider</u>	1 <u>t </u>	559/534-2789		
d. Signeture of Authorized Repr	esentative/			e. Date Signed Mad	3,2002	
Previous Edition Usable				Standard Form 4	24 (Rev. 7-97)	
Authorized for Local Reproduct	ion			Prescribed by OM		

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j		MAY	quinantes	0	2002			
	 -				1.			Ji z

Figure 1: SF-424

APPLICATION FOR			ПП	MAY	1 0 20)02		OMB App	proval No. 0348-0043
		2. DATE SUE	MATTE	'n		Anniles	nt identif	lor	1
FEDERAL ASSISTA	NCE	1			- 1 M 1 5 1 M			161	
1. TYPE OF SUBMISSION:		3. DATE REC		BY STATE	AHNG	SIGIO A	pplication	n Identifier	
Application	Proapplication								
☐ Construction ☐ Non-Construction	Construction Non-Construction	4. DATE REC	EIVED	BY FEDERA	L AGENCY	Federal	l Identifie	Γ	
B. APPLICANT INFORMATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>							
Logal Name:				Organiza	allonal Unit:	Econo	omic	Developm	ent
City of Stockton				Divi	sion &	Munic	cipal	Utilit1	es Dept.
Address (give city, county, State	, and zip code);								on metters involving
425 N. El Dorado	o Street							k Madisor	
Stockton, CA 9	5202								Utilities
Stockton, CA 9: San loaquin Cou 6.EMPLOYER DENTIFICATIO	nty			Depa	rtment	(209)	937-	-8782 priete letter in b	0.5)
9 4 - 6 0 0 0						·			
				A, Stat				School Dist.	Idinbar I caraina
8. TYPE OF APPLICATION:				B, Cou C, Mur	*		te Unive		Higher Learning
X Nev	v Continuation	Aevis	eion	D. Tou	,	K, India		Dity	j
if Rovision, enter appropriate lat	ter(s) in box(es)	1		E. Infe	•	L. Indiv			
	· · · · · · · · · · · · · · · · · · ·	.l l		F. Inte	rmunicipal	M. Prof	it Organi:	zation	
A. Increase Award B. Dec	crease Award C. Increas	e Duration		G. Spe	cial District	N. Othe	er (Specif	y)	
D, Decrease Duration Other	(specify):								
				9. NAMI	OF FEDER	AL AGE	NCY:	-	
				Econ	omic De	evelop	pment	Adminis	tration
18. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	имвен:	-	11. DES	CRIPTIVE TI	TLE OF	APPLICA	ANT'S PROJEC	T:
			3 0	Cong	hamata tala	~ of	Uaras	a Dinalia	o for
_ 44								r Pipelir rial Die	
	orks & Economic		men,	- 1					
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Sh	ates, etc.):		1,250	utn st	COCKT	con A	Adnegac	[]
City of Stockton	n. County of Sa	n Joaqui	n						
13, PROPOSED PROJECT	14. CONGRESSIONAL D								
12, 1, 10, 00201 1,00000	, , o o i o o i o i o i o i o i o i o i								
Start Date * Ending Date	a. Applicant		····	b. Projec	:1	<u> </u>			
Approx: 12-2004	#11			#1	1				
15. ESTIMATED FUNDING:				16, IS A	PPLICATION	SNBTE	CT TO R	EVIEW BY STA	TE EXECUTIVE
				ORD	EFI 12372 PI	ROCESS	?		
a, Federal	\$	(N)	ı						
		88,000		(a.)YES				PPLICATION W E EXECUTIVE (
b. Applicant	1.0	72,000			PROCESS				JUDER 123/2
c. State	\$ ·	, <u> </u>			1 100000	, (() () ()		14.	
	7	•			DATE	5-1.0-	-200	2	
d. Local	\$	90		5 15	C 99069	ANT 10 NO	ርተ ድረጓህ	ÉRÉD BY E. O.	17773
e. Other	s	Elo		D. No.					TED BY STATE
					FOR RE	VIEW			
f, Program Income	\$	on -	•						
				17. IS T	HE APPLICA	INT DEL	NONEN.	T ON ANY FED	ERAL DEBT?
g. TOTAL	5.3	6D,000	,	□ Ye	en II "Yes,"	attach a	ın explat	nation.	▼ Nø
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN TH	IS API	LICATION	REAPPLICA	TION AF	RE TRUE	AND CORREC	T, THE
DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE G THE ASSISTANCE IS AW	OVERNING BO ARDED.	TDY OF	THE APPLI	CANT AND T	HE APP	LICANT	WILL COMPLY	WITH THE
a. Typo Name of Authorized Ro Mark Lewis		h, Title		or			phone N	umber 37-8284	
d. Signature of Authorized Roof	Escoptativo	-	anag —1	<u> </u>			a Signed	75/00	•
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Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Amproved OMB No. 1875-0106 Exp. 11/30/2004

Normandie Avenue Elementary Los Angeles Unified School District Ingeles 90012 2123 ZIP Code + 4 Yes XNo elinquent on any Federal debt? Yes X No an explanation.) It (Enter appropriate letter in the box.) H F-Independent School District G-Public College or University rict H-Private, Non-profit College or University I- Non-profit Organization J-Private, Profit-Making Organization
District Ingeles 90012 2123 ZIP Code + 4 Yes XNo clinquent on any Federal debt? Yes X No an explanation.) It (Enter appropriate letter in the box.) H F-Independent School District G-Public College or University rict H-Private, Non-profit College or University I-Non-profit Organization
ZIP Code + 4 Yes XNo elinquent on any Federal debt? Yes X No an explanation.) It (Enter appropriate letter in the box.) H F - Independent School District G - Public College or University rict H - Private, Non-profit College or University I - Non-profit Organization
ZIP Code + 4 Yes XNo elinquent on any Federal debt? Yes X No an explanation.) It (Enter appropriate letter in the box.) F - Independent School District G - Public College or University rict H - Private, Non-profit College or Uni-
ZIP Code + 4 Yes XNo elinquent on any Federal debt? Yes X No an explanation.) It (Enter appropriate letter in the box.) F - Independent School District G - Public College or University rict H - Private, Non-profit College or Uni-
Yes XNo elinquent on any Federal debt? Yes X No an explanation.) It (Enter appropriate letter in the box.) F - Independent School District G - Public College or University rict H - Private, Non-profit College or Uni-
elinquent on any Federal debt? Yes X No an explanation.) It (Enter appropriate letter in the box.) F - Independent School District G - Public College or University rict H - Private, Non-profit College or University I - Non-profit Organization
t (Enter appropriate letter in the box.) F - Independent School District G - Public College or University rict H - Private, Non-profit College or Uni-
F - Independent School District G - Public College or University rict H - Private, Non-profit College or Uni-
F - Independent School District G - Public College or University rict H - Private, Non-profit College or Uni-
G - Public College or University rict H - Private, Non-profit College or Uni- I - Non-profit Organization
rict H - Private, Non-profit College or Uru-
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(b) The continuous tables
greene de la company de la com
770AUvrause
102
activities involving human subjects planned at
the proposed project period?
12a.) X No (Go to item 13.)
e research activities proposed designated to be
om the regulations?
de Exemption(s) #):
e Assurance #):
of Applicant's Project:
s Unified School District
G UNITIES DENOUT WISHIEL
AM/ Together Everyone Achieve
1
ta in this preapplication/application are true
orized by the governing body of the applicant
d assurances if the assistance is awarded.
name clearly.)
(2)3) 485) - 0321
oy Romer of

APPLICATION FOR FEDERAL ASSISTANCE	2.Date S	ubmitted		OMB Approval No. 0348-0043 [Applicant Identifier
1. TYPE OF SUBMISSION: .	 3.Date R	ecelved by State	State Appl:	ication Identifier
Application . Preapplication Construction . Construction Nonconstruction . Nonconstruction		ec'd by Fed Agency	 Federal Ide	encifier
5. APPLICANT INFORMATION	ı		<u> </u>	The state of the s
Legal Name State Water Resources Control Board		Organizational Uni Clean Water Pro		
Address (give city, county, state, and zip code):				to be contacted on matters
State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Bart Christensen (916) 341~5655	_	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7.TYPE OF APPLICAN	T:{enter app	propriate letter in box) A
6 8 0 2 8 1 9 8 6 8. TYPE OF APPLICATION:		 A. State B. County C. Municipal	I. Sta J. Pr	dependent School Dist. ate Institute Higher Learning ivate University
X New Continuation Revi		D. Township E. Interstate		dian Tribe dividual
If Revision, enter appropriate letter(s) in box(es		<pre>IF. Intermunicipal IG. Special Distric</pre>		ofit Organization her (Specify):
A. Increase Award B. Decrease Award		19. NAME OF FEDERAL		, ser (obcorry).
C. Increase Duration D. Decrease Duration		l I U.S. Environmen		ion Agency
Other (Specify)		1		
10.CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: Surveys, Studies, Investigations and Special Purpose Grants 12 APPEN APPEND BY PROJECTION		Replonal Wate	a proposed r Quality Co e intended (CANT'S PROJECT: federal funded border activities of the control Board, Colorado River Region. to provide data needed to identify the uses of the New River and Alamo River fro
12.AREAS AFFECTED BY PROJECT (cities quinties, state California/Mexico border	°'0 ' °200	4. sources withi	n the Repub	uses or the New River and Alamo River From
13, PROPOSED PROJECT	14 CONGR	ESSIONAL DISTRICT O		
7/1/02 Ending Date SOLATE CLE/	ARING	HOUSE	•	o. Project CaliforniaAll
15. 116.1S. 126.1S. 126.1S.	APPLICATI	ON SUBJECT TO REVIE	W BY STATE I	EXECUTIVE ORDER 12372 PROCESS?
a. Federal a. YE a. YE 262,319.00		reapplication/Appli ive Order 12372 pro		made available to the State view on:
b. Applicant \$.00	Date:	May 10, 2002		
	: <u> </u> Pr	ogram is not covere	d by EO 1231	72.
d. Local	1_1 Or	program has not be	en selected	by state for review.
e. Other \$.00				
f. Program 117.1S Income \$.00	THE APPLI	CANT DELINQUENT ON	ANY FEDERAL	DEBT?
g. TOTAL	_ _ Yes, a	ttach an explanatio	n. X No	0
S 262,319.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DA DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVER ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARD	NING BODY	S APPLICATION/PREAP OF THE APPLICANT A	PLICATION AND THE APPLE	RE TRUE AND CORRECT, THE ICANT WILL COMPLY WITH THE
a. Typed Name of Authorized Representative	Ţb	Title		c.Telephone Number
Celeste Cantú		Executive Directo	<u>v.</u>	(916) 341-5615
d. Signature of Authorized Representative	<i>i</i>			se. Date Signed
				3 9
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AUTHORIZED FOR	LUCAL RE	EMODUCTION .		

A DELICATION FOR	n			D B C B Tol	Approval No 0348	
APPLICATION FOR				Addicent Identifier		
FEDERAL ASSIST	ANCE		0/02	113		
1. TYPE OF SUBMISSION:		3. DATE RECEIVE		State Application Identifie	2002 - H**) 	
Aphilication	Preapplication			That was		
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENC			
Non-Construction	Non-Construction			STATE CLEARIN	G HOUSE !	
5. APPLICANT INFORMATIC	N		Organizational Unit:			
Legal Name: Placer County	Planning Depar	rtment	J. Garinzonomar Orac.			
Address (give city, county, Sta			Name and telephone	e number of person to be con	tacted on matters invo	
11414 'B' Ave			this application (give	· ·		
Auburn, CA 9	5603		Loren Cla	rk, (530) 889-	7470	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate lette	r In box)	
94-600	0 5 2 7				. 8	
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School Dis L. State Controlled Institution		
	w Continuation	Revision	G. Municipal	J. Private University	or or reginer countries	
X N	M T Countries		D. Township	K. Indian Triba		
If Revision, enter appropriate k	etter(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization		
A. Indrease Award B. De	ecrease Award C. Increase	e Duration	G. Special District			
7	r(specify):					
7. 7. 1. 1. 1. 1. 1. 1. 1. 1.	•		9. NAME OF FEDER	AL AGENCY:		
			Bureau of	f Reclamation		
10. CATALOG OF FEDERAL	NOMESTIC ASSISTANCE NII	IMRER-	11 DESCRIPTIVE TO	ITLE OF APPLICANT'S PRO	JECT:	
TO. CATALOG OF FEDERAL	JOHES TO AGGGTANGE NO		¬ ∤			
	Ĺ		T racer co	ounty HCP/NCCP		
TITLE:	- Image (Orlean Countries Chris	for ataly				
12. AREAS AFFECTED BY PF	OJECI (Chies, Counties, Sizi	ues, erc.):				
Placer County		· .				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	•			
Start Date Ending Date	a. Appilcant		(b. Project			
7/1/02 6/30/04	· •		3'.4			
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE	
		D0	ORDER 12372 PR	ROCESS?		
a. Federal	375,000	.**	# YES THIS PREA	APPLICATION/APPLICATION	WAS MADE	
b. Applicant	\$ 375,000			TO THE STATE EXECUTIVE		
3		70	PROCESS	FOR REVIEW ON:		
c. State	s Q	,000	DATE5	/6/02		
d, Local	\$ 0			f		
	0			M IS NOT COVERED BY E.		
e. Other	\$ 0	ad	— ", " " " " " " " " " " " " " " " " " "	RAM HAS NOT BEEN SELE	CTED BY STATE	
f December Location		26	FOR REVI	IEAA		
f. Program Income	\$ Q	•	17. IS THE APPLICAN	IT DELINQUENT ON ANY FE	DERAL DEBT?	
g. TOTAL	\$ 750,000	,180	TYes H"Yes," s	ittach an explanation.	8 No	
18. TO THE BEST OF MY KNO	750,000	DATA IN THIS ABOUT				
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY						
ATTACHED ASSURANCES IF		· ·				
a. Type Name of Authorized Rep		>. Title	i	c. Telephone Number	_	
Fred Yeager d. Signature of Autorized Repp	zoniation	Director of	f Planning	(530) 889-747(e. Date Signed	2	
a. Signatura of Authorized Repla	leoge			05/06/02		
Previous Edition Usable	77	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Standard Form 424		
Authorized for Local Reproduction	n //			Prescribed by OMB	Circular A-102	

Standard Form 424A (REV 4-88)

				pplicant Identifier
APPLICATIO1	V FOR		- brokenpluck A B U V	ppiicant identifier
FEDERAL AS				94 - 2270812
,			3 Date Received S	tate Application Identifier
I. TYPE OF SUBM	IISSION	Preapplication	MAY - 9 2002	
Application Construction		Construction	4. Date Received by Federal Agency F	ederal Identifier
Non-Construction		Non Construction	L JUDICEL	G 009216 - 02 - 0
5 .Applicant Informati	on		STATE CLEARING HOUSE	
Legal Name :			Organizational Unit: Division of Oil, Gas, and C	Seothermal Resources
Depart	ment of Conservation	on	·	
Address (give city, co	unty, state and zip code)		Name and telephone number of the person to b	is contacted on matters involving this
801 K.	Street, MS 20 - 20)	application (give area code.)	
Sacram	ento, CA 95814-35	530	Michael Stettner (916) 3	323-1781
6. EMPLOYER IDEN	ITIFICATION (EIN)		7. TYPE OF APPLICANT: (enter appropria	
	10010		A. State H. Independent S B. County I. State Controll	school District ed Institution of Higher Learning
94 - 227	/0812 		C. Municipal J. Private Univer	
8. TYPE OF APPI			D. Township K. Indian Tribe	
New	Continuation opriate letter(s) in box(e	Revision	E. Interstate L. Individual F. Intermunicipal M. Profit Organi:	zation
A. Increase A	vard B. Decrease	a Award	G. Special District N. Other (Specif)	y):
C. Increase Du		e Duration		
Other Specify			9. NAME OF FEDERAL AGENCY:	
^			U.S. ENVIRONMENTAL PRO	TECTION AGENCY
	·		O.S. EIV INSTITUTE AND	, 201101111021101
10. CATALOG OF	FEDERAL		10. DESCRIPTIVE TITLE OF APPLICAN	T'S PROJECT:
DOMESTIC AS	SISTANCE NUMBER:	<u>66.433</u>	Underground Injection Control	Brown for Clare II Well
		ontant	Cinerground injection Control	riogiant for Class II wen
TITLE: Under	ground Injection Co	ontroi	Injection MAY	- 9 2002
1. AREAS AFFE	CTED BY PROJECT (c	ities, counties, states, etc.);	The state of the s	اللاد مانيان اللاد مانيان
		100 March 100 Ma	MAY - 9 200 STATE CLE	ARING HOUSE
13. PROPOSED PR	OJECT:	14. CONGRESSIONAL DIST	RICT OF:	
Start Date	End Date	F F	The state of the s	b. Project
		Department of Conse	ervation	Statewide
10-1-01	9 - 30 - 2002	Division of Oil, Gas,	and Geothermal Resources	Statewide
15. Estimated Fund	ling:		16. IS APPLICATION SUBJECT TO REV	VIEW BY STATE EXECUTIVE
a. Federal			ORDER 12372 PROCESS?	
a. roderan		\$ 482,909	YES, THIS PREAPPLICATION/ APP	LICATION WAS MADE
b. Applicant		160.060	REVIEW ON :	CUTIVE ORDER 12372 PROCESS FOR
		\$ 160,969		
c. State		s	DATE: <u>5-2-02</u>	
d. Local			b. NO	
		2	PROGRAM IS NOT COVERED B	
e. Other			OR PROGRAM HAS NOT BEEN	SELECTED BY STATE FOR REVIEW
f. Program Income			17. IS THE APPLICANT DEPINQUENT	T ON ANY FEDERAL DEST?
1. 1 ORIENT MICONIC		2		
g. TOTAL			Yes If "Yes" attach an explanation	on, m No
		\$ 643,878		
18. TO THE BEST	OF MY KNOWLEDG	E AND BELIEF, ALL DATA (N TI	HIS APPLICATION/PREAPPLICATION ARE T DY OF THE APPLICANT AND THE APPLICAN	RUE AND CORRECT, THE
ATTACHED ASSU	JRANCES IF THE ASS	ISTANCE IS AWARDED.		TO THE POST OF THE PERSON OF T
a. Typed Name o	of Authorized Represent	itive:	b. Title:	c. Telephone Number:
wina	am F. Guerard, Jr.		State Oil and Gas Supervisor	(916) 445-9686
	horized Representative:	, <u> </u>		e. Date Signed:
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OMB Approval No. 0348-0043 2. DATE SUBMITTED at Identifier **APPLICATION FOR** May 7, 2002 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Applicant Identifier 1. TYPE OF SUBMISSION Preapplication Application 4. DATE RECEIVED BY FEDERAL AGENCY Federal identifier Construction Construction Non-Construction ■ Non-Construction YES NO IF YES, LIST ACRONYM(S) 5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? Organizational Unit Legal Name: Research Division California Air Resources Board Name and telephone and E-mail number of the person to be contacted on matters Address (give city, county, state, and zip code): involving this application (give area code) 1001 | Street Joann Lu, Program Valinda Debbs, Administrative P.O. Box 2815 jlu@arb.ca.gov Vdebbs@arb.ca.gov Sacramento, CA 95812 (916) 323-1532 (916) 322-8201 7. TYPE OF APPLICANT: (enter appropriate letter in box) Α 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 0 Z 8 8 o 6 H. Independent School Dist. 6 State State Controlled Institution of Higher Learning A County Private University C. Municipal 8. TYPE OF APPLICATION: Indian Tribe D Township Individual ⊠ New Continuation Revision Profit Organization F. Intermunicipal M. Other (Specify) G. Special District If Revision, enter appropriate letter(s) in box(es): B. Decrease Award C. Increase Duration A. Increase Award 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify): U.S. Environmental Protection Agency - ORD - NCER 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 0 6 5 0 ASSISTANCE NUMBER: Medical Costs of Low Birth Weight (LBW) and Willingness to Pay to TITLE: 2002-STAR - F1 Lower LBW Risks The Color Van 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of California MAY - 9 2002 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: STATE OF b. Project Ending Date a. Applicant Start Date Northern California 03 January, 2003 June, 2005 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED TOTAL PROJECT FUNDING: a. XX YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. Federal 399.964.00 \$ b. Applicant .00 Signature Date DATE c. State .00 \$ b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 d. Local \$.00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW a. Other \$.00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income ٥٥. \$ X No g. TOTAL Yes If "Yes," attach an explanation. 399,964.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone number a. Typed Name of Authorized Representative (916) 322-8198 Chief, Administrative Services Larry Morris d. Signature of Authorized Representative ۴ Ó (REV 4-88) dard Form 424

Previous Editions Not Usable

APPLICATION FOR		174		OMB Approval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED March 7, 20	002	Applicant Identifier
1. TYPE OF SUBMISSION:	3407-1	3. DATE RECEIVED B		Sime Application Identifier
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Non-Construction	Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifica
6. APPLICANT INFORMATION	. L. T. TOOK DOKENAGE TOOK	J		
Logal Name:	f Riverside		Organizational Unit:	7
			Economic Do	avelopment Agency
Additions (alvo elly, county, Sinte 3525 14th Street	, and zip codd):		This application (give a	number of person to be contacted on multors involvin
Riverside, CA 92	501		1	an (909) 955-6673
G. EMPLOYER IDENTIFICATION	NATION OF THE PROPERTY.	fith bas west	!	· · ·
60-0903	MANUAL TO BOOK FOR STANK		7. TYPE OF APPLICA	ANT: (enter appropriate letter in 150x)
	10 P.P.,)		A. Sisto	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I, State Confrolled Institution of Higher Learning
No.	Continuation	🔲 fievlalon	C. Municipal D. Township	J. Private University K. Indian Tribe
It Revision, enter appropriete tell	or(s) in box(es)	[]	E. Intersiste	L. Individual
A feet and E Die		· LJ	F. Intermunicipal	M. Profit Ospanization
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			Department	of Commerce
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10. CATALOG DI FEDERAL DI			11 DESCRIPTIVE TO	LEGEAPPLICANT'S PROJECT: ks Improvements to job creation and
			pertaining	"to job creation and
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12. AREAS AFFECTED BY PRO		•		
City of Perris,	County of Riv	erside, CA		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF: Congre	essman Ken C	alvert, 43rd District
Spart Date Ending Date 12/03	a Applicant CONOMIC of Riverside C	Dev-Agency	b. Project Econom	ic Development ure Project
15. ESTIMATED FUNDING:	Or KINGIZIGE C	Dunly		UTE PROJECT SUBJECT TO REVIEW BY STATE EXECUTIVE
13. E. VIIII I I I I I I I I I I I I I I I I			ORDER 12372 PA	
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	3,125,			FOR THEVIEW ON:
c. State	5	UC .	5	-8-02
d. Local	T di	50	DATE	<u>0</u>
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(. Program Income	\$	þ0	FOR REV	IEW
ter rogramme			17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	s 6,250,	ΛΛΛ .w	i	iltiich an explanation. No
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DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF THE	E APPLICANT AND TH	E APPLICANT WILL COMPLY WITH THE
attached assurances if a Type Name of Authorized Repr	THE ASSISTANCE IS AWA	ROED.	TRICK I.	
Bradley Hudson	rosa na na	Executive	Director	c. Telizistana Numbrar (909) 955-8916
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Provious Edition Usable Application Local properties of the Local properties o	, , ,			Skindard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
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Economic Development Ac	dministration			
		CTA-	TE CLEARIN	G HOUSE
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APPLICATION F	OR					OMB Approval No. 0348-0043			
FEDERAL ASSIS		2. DATE SUBMITTE 5/15/02	D		Applicant Identifier				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE		State Application identifier				
Application Construction	Preapplication Construction	4. DATE RECEIVED	BY FEDERAL AGE	NCY	Federal Identifier				
NAn-Construction	D Non-Construction		<u> </u>						
5. APPLICANT INFORMATIC Legal Name: California Sta		ana Enumeration	0	- Inail-	al Unit: College of Arts & Science	. Comt of Dayahalan			
		COE (OUNTAILOII				e contacted on matters involving this			
Addreas (give city, county, sta	sie and zip code):		applic	cation (g	Ilve area code):				
435 East Carmel Str San Marcos, CA 920					esley Schultz @ 760,750 ontact: Kristin Dyer @ 7				
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		7. TY	PE OF	APPLICANT: (enter appropriate les	ter In box)			
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8, TYPE OF APPLICATION:		and the second second		State County	H, independent S I. State Controll	School Dist, ed Institution of Higher Learning			
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If Flevision, onter appropriate	Interior in howers				unicipal M. Profit Organiz I District N. Other (epecity				
a Mexicial of the appropriate	ration (b) in pox(act);					•			
A. Increase Award		C. increase duration							
D. Decrease Duration	Other (spacify):		1		FEDERAL AGENCY:	au/Matiemal Calamaa			
				nviroi ndatio	mental Protection Agency/National Science				
10. CATALOG OF FEDERA	L DOMESTIC ASSISTAN	ICE NUMBER:			TIVE TITLE OF APPLICANT'S PRO	DJECT:			
	_		N	Normative, Prodedural, And Impact Information And					
	ţ	6 6 - 5 0 0	′		ental Decision Making B				
тпle: 2002-STAF			en						
12. AREAS AFFECTED BY	PROJECT <i>(Cities, Count</i> larcos, CA; and S		· ·						
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13. PROPOSED PROJECT:	14. CONGRESS	SIONAL DISTRICTS C	 DF;						
Start Date: Ending Da			t	o. Projec	71				
7/1/2004 6/30/20	00/ 31			16, IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE					
15. ESTIMATED FUNDING:					APPLICATION SUBJECT TO HEVI DER 12372 PROCESS?	EM BA 21 VIE EXECUTIVE			
a. Federal	\$	290,187.00	0	_					
b. Applicant	\$			(a.)	TO THE STATE EXECUTIVE	PLICATION WAS MADE AVAILABLE ORDER 12372 PROCESSS FOR			
c. State					REVIEW ON: DATE 5-8-01)_ -			
<u></u>	9 F U 7 F				DATE				
d. Local	S 20002			b. N	O. PROGRAM IS NOT COV	ERED BY E.O. 12372			
e. Other	\$	l-or-			OR PROGRAM HAS NOT REVIEW	T BEEN SELECTED BY STATE FOR			
1. Program IncomeSTATE	CLEARING H	OUSE		17. IS 1	THE APPLICANT DELINQUENT O	N ANY FEDERAL DEBT?			
g. TOTAL \$ 290,187,00			D		Yes If "Yes," attach ar	n explanation. 🔲 No			
18. TO THE BEST OF MY	KNOWLEDGE AND BE	LIEF, ALL DATA IN	THIS APPLICATION	N/PBE4	APPLICATION ARE TRUE AND C	CORRECT, THE DOCUMENT HAS			
BEEN DULY AUTHORIZED	BY THE GOVERNING					HE ATTACHED ASSURANCES IF			
THE ASSISTANCE IS AWAR	DEU.		_			-			
a. Typed Name of Authorized Patricia F., Worden			b. Title: Associate V	ica P	resident for Research	c. Telephone Number; 760-750-4066			
d. Signature of Authorized Be						e, Date Signed:			
Tation C	. Worden					5/7/02			
Previous Edition Usable			······································			Standard Form 424 (REV 4-92)			

PART I - FACESHEET

APPLICATION FO	D FEDERAL ASS	ICTANCE	1. TYPE OF SUBMISSION:
AFFLICATION FO			Application 23 (10), Contractions.
2. DATE SUBMITTED TO CORPORAT FOR NATIONAL SERVICE (CNS):	TION 3. DATE RECEIVED BY ST	TATE:	STATE APPLICATION IDENTIFIER:
May 10, 2002	4. DATE RECEIVED BY C	NS:	O2SCPCA046
5. APPLICANT INFORMATION			MAY - 8 2002
LEGAL NAME: The CSU Chico R		NAME A PERSON area cod	AND CONTACT INFORMATION FOR PROJECT DIRECTOR OF OTHER I TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (divers)
ORGANIZATIONAL UNIT: PASSAC	SES Adult Resource Center	area cou	STATE CLEARING HOUSE
ADDRESS (give street address, city, c	ounty, state and zip code):	NAME: C	Carol Childers
Office of Sponsored Progra	ims	TELEPH	ONE NUMBER: (530) 898-4307
California State University,	Chico	FAX NUN	MBER: (530) 898 - 4870
Chico, Ca 95929-0870		1	ET E-MAIL ADDRESS; cchilders@csuchico.edu
6. EMPLOYER IDENTIFICATION NUM	ABER (EIN):	7. TYPE	OF APPLICANT: (enter appropriate letter in box)
	5 1 8		
8. TYPE OF APPLICATION:		A. Sta B. Co	
□new	CONTINUATION	C. Mi	Inicipal J. Private University
REVISION			ownship K. Indian Tribe erstate L. Individual
If Revision, enter appropriate letter(s) i	n box(es):	F. Int	termunicipal M. Profit Organization pecial District N. Private Non-Profit Organization
A, Increase Award B. D.	ecrease Award C. Increase Durati	ł	ther (specify)
D. Decrease Duration E. Ot	her (specify): PNS	. 1	E OF FEDERAL AGENCY:
		Co	rporation for National Service
10. CATALOG OF FEDERAL DOME	STIC ASSISTANCE NUMBER:	11. DES	CRIPTIVE TITLE OF APPLICANT'S PROJECT:
	0 1 0 1	6 Se	nior Companion Program
RSVP: 94.002 FGP: 94.011			S Category 6 10 VSYs, 1 Team Leader
SCP: 94.016 12. AREAS AFFECTED BY PROJECT	T (List Cities, Counties, States, etc.);	
Butte County	:		
Butto Courty			
13. PROPOSED PROJECT: START	DATE: 07-01-2002		END DATE: 06-30-2003
14. ESTIMATED FUNDING:	- `	15.	IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
a. FEDERAL \$	45,1	100	ORDER 12372 PROCESS?
¥		а	YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR
b. APPLICANT \$	5,2	274	REVIEW ON:
c. STATE \$	{)-	DATE 05/08/02
		. b	, NO. PROGRAM IS NOT COVERED BY E.O. 12372
d. LOCAL \$	-(0-	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. OTHER \$			
		16.	. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. TOTAL \$	50,0	374	YES If "Yes," attach an explanation.
17. TO THE BEST OF MY KNOWLED AUTHORIZED BY THE GOVERNING BO	OGE AND BELIEF, ALL DATA IN THE	S APPLICATION/PF	REAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DUL MPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
a. TYPED NAME OF AUTHORIZED F		TITLE: Director	c. TELEPHONE NUMBER: (530)898-5700
d. SIGNATURE OF AUTHORIZED RE	EPRESENTATIVE:		e. DATE SIGNED:
TO TOUR	KX		1 3/8/02
Modified Standard Form 424-NS	SC (Rev 4/88 and 12/97) PAC	GE 5	

APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL	. ASSISTAI	NCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SU	BMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construc	tion	Preapplication Construction	4. DATE RECEIVED BY	CEDEDAL ACENCY	Federal Identifier
Non-Con		Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCT	rederal identifier
	INFORMATION				
Legal Name: United Wate	Conservation	n District		Organizational Unit:	
106 N. Eigh Santa Paul Ventura Co	a, California 9 unty	3060		this application (give ar	number of person to be contacted on matters involving rea code) Fax (805) 525-2661 Jim Kentosh (805) 525-4431
9 5 —	6 0 0 4	NUMBER (EIN): 2 7 2			NT: (enter appropriate letter in box)
8. TYPE OF AP	PLICATION:			•	H. Independent School Dist. I. State Controlled Institution of Higher Learning
	X New	Continuation	Revision	C. Municipal	J. Private University
u m	_			D. Township	K. Indian Tribe
ii Hevision, ente	r appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual
A. Increase Av		ease Award C. increase	Duration		M. Profit Organization N. Other (Specify)
D. Decrease I	Ouration Other(s	pecify):		9. NAME OF FEDERA	I AGENCY:
		W. W	MINNESS.		ental Protection Agency
10. CATALOG	OF FEDERAL DO	MESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
				Vulnerability A	ssessment of the Oxnaid-Huename
TITLE				Water System	U Wilderson Vand German II William Tana
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities: Oxnard, Port Hueneme, 2 U.S. Naval Bases				MAY - 8 2002	
13. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		STATE CLEARING HOUSE
Start Date June 02	Ending Date Nov 02	a. Applicant District No.s 22 & 23		b. Project District No.s 22 &	23
15. ESTIMATE	L				SUBJECT TO REVIEW BY STATE EXECUTIVE
				ORDER 12372 PR	OCESS?
a. Federal		\$.00	A VES THIS PREA	PPLICATION/APPLICATION WAS MADE
b. Applicant		\$.00	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State		\$.00	NATE	
d. Local		\$.00		M IS NOT COVERED BY E. O. 12372
e. Other		\$.00	OR PROG FOR REVI	RAM HAS NOT BEEN SELECTED BY STATE
f. Program Incor	me	\$,00	47 IC TIP ADDITO	IT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		\$,00		ittach an explanation.
DOCUMENT H	AS BEEN DULY .	AUTHORIZED BY THE GO	VERNING BODY OF THI		ION ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE
	 	THE ASSISTANCE IS AWA			
Dana L. Wis		,	b. Title General Manager		c. Telephone Number (805) 525-4431
d. Signature of	Suthdrized Repres	entative se how			e. Date Signed 4/26/02

APPLICATION FOR FEDERAL ASSISTANCE	Z.Date S	Submitted	,	OMB Approv	val No. 0348-0043
	1				
1. TYPE OF SUBMISSION: .	3.Date P	Received by State	State Appl: 	ication Identifier	
Application . Preapplication Construction . Construction X Nonconstruction . Nonconstruction		Rec'd by Fed Agency	 Federal Id: 	entifler	A 1/
5. APPLICANT INFORMATION Legal Name		Organizational Uni	+		
State Water Resources Control Board	*	Division of Wate			
Address (give city, county, state, and zip code):		[Name and telephone involving this app.		to be contacted on matters	}
State Water Resources Control Board		1	ircacion (g.	the area code):	
1001 I Street Sacramento County Sacramento, CA 95814		James Maughan (916) 341-5522 			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICAN	T:{enter ap	propriate letter in box)	A 1
8. TYPE OF APPLICATION:		A. State B. County C. Municipal	I. St	dependent School Dist. ote Institute Higher Learr ivate University	ning
X New Continuation	ision	D. Township E. Interstate	K. In	dian Tribe dividual	
If Revision, enter appropriate letter(s) in box(e.	: { 2	<pre>#F. Intermunicipal #G. Special Distric</pre>	M. Pr	ofit Organization nec (Specify):	
A. Increase Award B. Decrease Award		19. NAME OF FEDERAL		tet (Specily).	··········
C. Increase Duration D. Decrease Duration		i		ion hanner	
Other (Specify)		U.S. Environmen	cal riotect	Ion Agency	
10.CATALOG OF FEDERAL DOMESTIC		11.DESCRIPTIVE TIT	LE OF APPLI	CANT'S PROJECT:	
ASSISTANCE NUMBER 6 6 - 4 1				adequate measures for pre	
TITLE: Water Pollution Control State and Inter Program Support		i and control	of surface	and ground water pollution	1.
12.AREAS AFFECTED BY PROJECT(cities, counties, stat	es,etc)	ł			
California		1			
13.PROPOSED PROJECT Start Date Ending Date	14 CONGE a. Appli	RESSIONAL DISTRICT O		b. Project	
7/1/02 6/30/03	1 3	3	•	CaliforniaAll	
15. 16.IS	APPLICATI	ION SUBJECT TO REVIE	W BY STATE	EXECUTIVE GROER 12372 PROG	CESS?
ESTIMATED FUNDING a, Federal la. Y	ES: This F	Preapplication/Appli	cation was	made available to the Stat	:e
5 10,072,600.00 b. Applicant	Execut	cive Order 12372 pro	cess for re	view on:	
\$.00 c. State	Date:	May 8,2002			
\$ 8,907,386.00 b. N	0: <u> </u>	rogram is not covere	d by EO 123	72.	
s .00	<u></u> Or	r program has not be	en selected	by state for review.	
\$.00 [THE APPL	ICANT DELINQUENT ON	ANY FEDERAL	DERT?	
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a. Typed Name of Authorized Representative	Ł	o. Title		c.Telephone	√umber
Celeste Cantú	1	Executive Directo	r	(916) 341-563 	L5
d. Signature of Authorized Representative	, ·			le. Date Signe 	ed .
Previous Editions Not Usable					m 424 (Rev 7-97)
AUTHORIZED FO	R LOCAL RE	EPRODUCTION		Prescribed by OMN	3 Circular A-012
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Authorized for Local Reproduction

APPLICATION FOR				ОМ	B Approval No. 0348-004				
		2. DATE SUBMITTED		Applicant Identifier					
FEDERAL ASSISTANCE		May 07	2002 F	THE BLARD V					
1. TYPE OF SUBMISSION:		3. DATE RECEIVED 6		State Application Identifier					
Application	Prespolication			153	\\\\\\\				
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY		UVZ L J ·				
Non-Construction	Non-Construction			ДЦ ""					
5. APPLICANT INFORMATION			72						
Legal Name: SAN PRAN	ousio coua	BORATING	Organizational Unit:	ATATE CLEARIN	G HOUSE I				
AGENCIES RESP	PODING TO DI	SALES	Organizational Unit: STATE CLEARING HOUSE Name and telephone humber of person to be contacted on matters involving the contacted on the contact						
Address (give city, county, State, and zip code):			this application (give	-	tacted on matters involvin				
			3046 S						
SAN FRANC	usus, ca	94105	(415) 553.3593						
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	<u> </u>	7. TYPE OF APPLICANT: (enter appropriate letter in box)						
94-3152	1098		2						
			A. State H. Independent School Dist.						
8. TYPE OF APPLICATION:			B. County I. State Controlled Institution of Higher Learning						
New	v 🔲 Continuation	Revision	C. Municipal	J. Private University					
if Revision, enter appropriate lett	ter(s) in boy(es)	·	E. Interstate	cwmship K. Indian Tribe					
The state of the s	(0) (1) 50.(03)		F. Intermunicipal	M. Profit Organization					
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) NON	PROFIT				
D. Decrease Duration Other(specify):	•							
			9. NAME OF FEDERAL AGENCY: CORPORATION FOR NATIONAL						
			AND COMMUNITY DERVICE						
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	MBER:		ITLE OF APPLICANT'S PRO	,				
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TITLE: HONG	TITLE: HOMERAND SERVENTIV			ACHOCIES RESPONDING TO					
12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.):			DISASTERS (SECARD)						
	sty of San								
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:							
Start Date Ending Date	a. Applicant		b. Project	<u> </u>					
07/2002 07/2005	DISTRIC	T NO. 8		J 100-8					
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE						
	-	ORDER 12372 PI	ROCE88?						
a. Federal	100,000	- NT							
L A 2		3 -00	•	APPLICATION/APPLICATION					
b. Applicant	\$	·"	AVAILABLE TO THE STATE EXECUTIVE ORDER 1237 PROCESS FOR REVIEW ON:						
c. State	\$	5		/ 1					
d. local			DATE	07/05/02	•				
G. LOCAI	\$.	,00	. N. 5 ences						
e. Other	\$ 20			AM IS NOT COVERED BY E GRAM HAS NOT BEEN SEL					
	° 20,∞0 - 0		FOR RE		ECIED BY SIAIE				
f. Program Income	\$	00							
			17. IS THE APPLICA	NT DELINQUENT ON ANY I	FEDERAL DEBT?				
g. TOTAL	\$		☐ Yes #"Yes,"	attach an explanation.	Ø No				
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	ATION/PREAPPLICAT	TON ARE TRUE AND COR	RECT, THE				
DOCUMENT HAS BEEN DULY. ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GO	VERNING BODY OF THE	E APPLICANT AND TI	HE APPLICANT WILL COM	PLY WITH THE				
a. Type Name of Authorized Repr		h Title		c. Telephone Number					
JOYE	810et	"Chair Pe	2460		3593				
d. Signature of Authorized Repres	sentative 2			e. Date Signed					
	$-\sqrt{\rho}$			Ot WANT	2002				
Previous Edition Usable	/ <i>X</i> U/ X\			Stendard Form 4	24 (Rev. 7-97)				

APPLICATION FOR FEUERAL ASSISTANCE		2.Date Submitted		OMB Approval No. Applicant Identifier			
1. TYPE OF SUBMISSION: . 3.Date Re		eceived by State		ion Tdentifier	The rest of the second		
Application . Preapplication Construction . Construction X Nonconstruction . Nonconstruction	Construction Construction 4.Date Re		 Federal Ident: 	fier			
5. APPLICANT INFORMATION Legal Name State Water Resources Control Board	3	Organizational Uni Division of Wate					
Address (give city, county, state, and zip code):		Name and telephone			ters		
State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		<pre>involving this app James Maughan (916) 341-5522 </pre>	lication (give	area code):			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7.TYPE OF APPLICAN	T:{enter approp	orlate letter in bo	x) <u>A</u> (
6 8 0 2 8 1 9 8 6 8. TYPE OF APPLICATION: X New Continuation If Revision, enter appropriate letter(s) in box(es	A. State						
C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL	AGENCY:				
Other (Specify)	U.S. Environmen	tal Protection	Agency				
10.CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: Water Quality Cooperative Agreements 12.AREAS AFFECTED BY PROJECT (cities, counties, state California		 		f's PROJECT: o eliminate water p	ollution.		
13. PROPOSED PROJECT		ESSIONAL DISTRICT O		D			
Start Date Ending Date	a. Appli			Project			
7/1/02 6/30/03 	1 3	ON SUBJECT TO REVIE		iforniaAll	progrado o		
\$ 750,000.00	Date:	reapplication/Appli ive Order 12372 pro May 7, 2002 ogram is not covere program has not be	d by EO 12372. en selected by	w on: state for review.	State		
\$ 750,000.00	ttach an explanation. X No						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DA DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVER ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARI	RNING BODY	S APPLICATION/PREAP OF THE APPLICANT A	PLICATION ARE ND THE APPLICA	TRUE AND CORRECT, T NT WILL COMPLY WITH	HE THE		
a. Typed Name of Authorized Representative	16	o. Title		ic.Telepho	ne Number		
Celeste Cantú		Executive Directo	T.	(916) 341	-5615		
d. Signature of Authorized Representative Previous Editions Not Usable AUTHORIZED FOR	R LOCAL RE	DEBODUCTION DEPO	E G E	Schola Prescripes by	igned Form 424 (Rev 7-97) OMB Circular A-012		
		STA	TE CLEAR	NG HOUSE			

PART I - FACESHEET

APPLICATION FOR F	EDERAL AS	SISTA	NCE	1. TYPE OF SL Application	BMISSION:			<u>E-1</u>	V -	
2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS):	3. DATE RECEIVED BY	·	STATE APPLIC	CATION IDENTI		MAY	- 7	2002		
May 8, 2002	4. DATE RECEIVED BY		CNS GRANT N	UMBER:	STA	TE CL	FARI	NG F		
5. APPLICANT INFORMATION						UIN	IL OL		140:	
LEGAL NAME: The CSU Chico Rosear	ch Foundation		NAME AND PERSON TO area codes):	CONTACT IN	FORMATION ED ON MATTE	FOR PRO	DJECT DIF EVING TH	RECTOR	R OR O ICATION	THER I (give
ORGANIZATIONAL UNIT: PASSAGES A	duit Resource Cent	er	area codes).		÷					
ADDRESS (give street address, city, county,	state and zip code):		NAME: Carol Childers							
Office of Sponsored Programs			TELEPHONE NUMBER: (530) 898-4307							
California State University, Chic	0		FAX NUMBER: (530) 898 - 4870							
Chico, Ca 95929-0870			INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu							
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			APPLICANT: (6						
6 8 - 0 3 8 6 5 1 8				·				[']	•	
8. TYPE OF APPLICATION:			A. State B. Count		H. Independer L. State Cont	nt School rolled Inst	District Itution of Hi	gher Lea	ırning	
X NEW C	CONTINUATION		C. Municipal J. Private University							
FEVISION	 		D. Township K. Indian Tribe E. Interstate L. Individual							
If Revision, enter appropriate letter(s) in box(e	es);		F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization							
			O, Other (specify)							
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			9. NAME OF FEDERAL AGENCY:							
D. Decrease Datasett			Corporation for National Service							
10. CATALOG OF FEDERAL DOMESTIC A		-	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:							
10. CATALOG OF FEDERAL DOMESTIC A RSVP: 94.002 FGP: 94.011 SCP: 94.016 12. AREAS AFFECTED BY PROJECT (List Butte County	940	0 2 etc.):	RSVI	Progran	1					
13. PROPOSED PROJECT: START DATE:	07-01-2002		JEN	D DATE: 06-3	0-2003	· · · · · · · · · · · · · · · · · · ·				
14. ESTIMATED FUNDING:				APPLICATION		REVIEW E	Y STATE E	XECUTI	VΕ	
a. FEDERAL \$ 100,000		I a VES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE							···	
b. APPLICANT \$		11,186								
c. STATE \$	-0-		DATE 05/07/02							
			b. NO: PROGRAM IS NOT COVERED BY E.O. 12372							
d. LOCAL \$	-0-			OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					P	
e.OTHER \$										
f. TOTAL \$	111,186		16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES If "Yes," attach an explanation. NO					-		
17. TO THE BEST OF MY KNOWLEDGE ALL AUTHORIZED BY THE GOVERNING BODY OF	ND BELIEF, ALL DATA IN FITHE APPLICANT AND TI	THIS APPLIC	CATION/PREA T WILL COMP	PPLICATION AF LY WITH THE AT	E TRUE AND C	ORRECT,	THE DOC!	JMENT I	HAS BEE	N DULY DED
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: b. TITLE: D		ь. TITLE: D	- TELEBUIONE NUMBER							
Jeff Wright Of d. SIGNATURE/OF AUTHORIZED REPRESENTATIVE:			uica or ohi	2.130104 105	, was read	e. DATE SIGNED: 5/7/2002				
Jehn www.						47	11000	 ,		

Modified Standard Form 424-NSSC (Rev 4/88 and 12/97) PAGE 5

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Assistance	ce				OMB Approval No. 0348-0043
			2. Date Submitted Apri	il 3, 2001	Applicant Identifier
1. Type of Subm	nission:		3. Date Received by		State Application Identifier
Application		reapplication	,		Ciato / ppiloation fuertings
X Construction		Construction Non-Construction	4. Date Received by	Federal Agency	Federal Identifier
5. Applicant Inforr	mation				
Legal Name				Organizational Unit	
	r Pines Mob. county, State, and zi	i <u>le Home Par</u> l	ς		sup of Affordable Housing, Inc. and facsimile number of the person to be contacted on matters
	·	. ,		involving this application (g	ive area codes)
	lyptus Drive				obs, President
Bakersī10	ela, Kern C	ounty, Califo	ornia 93306	(949) 492–38	25 (Telephone) 27 (Fax)
			•	(343) 432 30	// (Lax)
3. Employer Identi	fication Number (Elf	N):		7. Type of Applicant: (e	nter appropriate letter in box) M
3 3	0 3 1 9	9 1 0			·
Trans of April 1	4/			E Bothy V	F Rependent School Dist. In State Controlled Institution of Higher Learning
3. Type of Applicat New	tion: Continuation	1 Revision	113	C. Municipal	Hrivate University
4444	L		11111	D. Township	k linctan Tribe N. Uindividual
If Revision,	, enter appropriate l	letter(s) in box(es):		MAVInterstate 2002 F. Intermunicipal	M-Ardfit Organization
A. Increase	e Award B. De	crease Award C.	Increase Duration	G. Special District	N. Other (Specify):
D. Decreas	se Duration Other	(specify):	STA	TE CLEARING HO	DISE
	•			S. Haine of Federal Agenc	
Catalan of Early				U.S. Departme	
J. Catalog of Fede	eral Domestic Assist	iance number:		131 Decemptive Title of App	dicant's Project
				11. Descriptive Title of App	,
Title: 207M				This is a 33	space mobile home park project bu
Title: 207M				This is a 330 in 1972 which	space mobile home park project bu
	by Project (cilies co.	unties States etc.):		This is a 330 in 1972 which	space mobile home park project by n includes laundry, office, billian
2. Areas Affected	by Project (cilies, co		ornia	This is a 330 in 1972 which	space mobile home park project bu n includes laundry, office, billian
2. Areas Affected		unties, States, etc.): Dunty, Califo	prnia	This is a 330 in 1972 which	space mobile home park project bu n includes laundry, office, billian
2. Areas Affected Bakersfie 3. Proposed Proje	eld, Kern Co	ounty, Califo	ngressional Districts of	This is a 330 in 1972 which recreation re	space mobile home park project but includes laundry, office, billiand pom, pool, spa and RV facilities.
2. Areas Affected Bakersfie 3. Proposed Proje	eld, Kern Co	ounty, Califo	ngressional Districts of	This is a 330 in 1972 which recreation re	space mobile home park project but includes laundry, office, billiand boom, pool, spa and RV facilities.
2. Areas Affected Bakersfie 3. Proposed Project ant Date	eld, Kern Co	ounty, Califo	ngressional Districts of icant 21st	This is a 330 in 1972 which recreation re	b space mobile home park project by includes laundry, office, billian pom, pool, spa and RV facilities. b. Project 48th
2. Areas Affected Bakersfie 3. Proposed Projected that Date 5. Estimated Fund	eld, Kern Coct Ctt Ending Date	ounty, Califo	ngressional Districts of icant 21st 16. Is Application Subje a. Yes This p	This is a 330 in 1972 which recreation recreation recreation recreation recreated as the section of the section	b. Project b. Project 48th tive Order 12372 Process? s made available to the
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APPLICATION FOR FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant identifier	
LENERAL A2212 I A	NCE	May 1, 2002			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION					
Legal Name:			Organizational Jnit:		
Volunteers of Ame			Same	number of person to be contacte	od on matters in
Address (give city, county, State			tous application (give a		ed on mallers in
3600 Wilshire Blv Los Angeles, CA 9			Bob Pratt (213) 389-		
6. EMPLOYER IDENTIFICATIO	M MIMBED /E/NI:			ANT: (enter appropriate letter in	box)
9 5 — 1 6 9			A. State	H. Independent School Dist.	N
TYPE OF ADDUCATION.		· · · · · · · · · · · · · · · · · · ·	B. County	I. State Controlled Institution of	of Higher Learnin
B. TYPE OF APPLICATION:			C. Municipal	J. Private University	
☐ Nev	w Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate let	tter(s) in box(es)		VE. Gerstate	L. Individual	
The vision, enter appropriate let	(0) 111 001(00)	H VIII	VE. Rierstate F. Marn Inicipal	M. Profit Organization	n 64-
A. Increase Award B. De	crease Award C. Increas	se Duration	G. Special District	N. Other (Specify) Non-	Profit
D. Decrease Duration Other		UU MAY - 7 2	002		
	1	1	9. NAMELOS FEDER	AL AGENCY:	
		074	Department of	f Health and Human	Services
		STATE CLEARING	HOUGE		
	and Homeless You IOJECT (Cities, Counties, St		Homeless Yo	outh and their Fami	lies.
12. AREAS AFFECTED BY PR	IOJECT (Cities, Counties, St	th.	Homeless Yo	outh and their Fami	lies.
12. AREAS AFFECTED BY PR	14. CONGRESSIONAL D	th.		outh and their Fami	lies.
12. AREAS AFFECTED BY PR 13. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSIONAL D a. Applicant	th.	b. Project	outh and their Fami	lies.
12. AREAS AFFECTED BY PR 13. PROPOSED PROJECT Start Date Ending Date 9-30-02 9-29-05	14. CONGRESSIONAL D a. Applicant	th.	b. Project 45th		
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12. AREAS AFFECTED BY PR 13. PROPOSED PROJECT Start Date	14. CONGRESSIONAL D a. Applicant 19th \$ 147,084.00 \$ 184,177.00 \$ \$	ith. states, etc.): DISTRICTS OF: 00 00 00 00 00	b. Project 45 th 16. IS APPLICATION ORDER 12372 P a. YES. THIS PRE AVAILABL PROCESS DATE b. No. PROGR OR PRO FOR RE	I SUBJECT TO REVIEW BY S'ROCESS? APPLICATION/APPLICATION E TO THE STATE EXECUTIVE FOR REVIEW ON: 5-1-02 AM IS NOT COVERED BY E. OF COVERED	TATE EXECUTI WAS MADE ORDER 12372 D. 12372 CTED BY STAT
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12. AREAS AFFECTED BY PR 13. PROPOSED PROJECT Start Date	14. CONGRESSIONAL D a. Applicant 19th \$ 147,084.00 \$ 184,177.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	th. states, etc.): DISTRICTS OF: 00 00 00 00 00 00 00 00	b. Project 45th 16. IS APPLICATION ORDER 12372 P a. YES. THIS PRE AVAILABL PROCESS DATE 5. No. PROGR OR PRO FOR RE 17. IS THE APPLICA	APPLICATION/APPLICATION E TO THE STATE EXECUTIVE FOR REVIEW ON: 5-1-02 AM IS NOT COVERED BY E. O OGRAM HAS NOT BEEN SELE VIEW INT DELINQUENT ON ANY FE	WAS MADE ORDER 12372 C. 12372 CTED BY STATE DERAL DEBT
12. AREAS AFFECTED BY PR 13. PROPOSED PROJECT Start Date	14. CONGRESSIONAL D a. Applicant 19th \$ 147,084.00 \$ 184,177.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	th. states, etc.): DISTRICTS OF: 09 00 00 00 00 00 LL DATA IN THIS APPLIC	b. Project 45th 16. IS APPLICATION ORDER 12372 P a. YES. THIS PRE AVAILABL PROCESS DATE b. No. PROGR OR PRO FOR RE 17. IS THE APPLICA Yes If "Yes,"	APPLICATION/APPLICATION E TO THE STATE EXECUTIVE FOR REVIEW ON: 5-1-02 AM IS NOT COVERED BY E. COMPANY HAS NOT BEEN SELEVIEW INT DELINQUENT ON ANY FETTING AND CORRIST AND	TATE EXECUTION WAS MADE ORDER 12373 D. 12372 CTED BY STATE EDERAL DEBT No ECT, THE
12. AREAS AFFECTED BY PR 13. PROPOSED PROJECT Start Date Ending Date 9-30-02 9-29-05 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL	14. CONGRESSIONAL D a. Applicant 19th \$ 147,084.00 \$ 184,177.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ AND THE GRAPH SELIEF, ALY AUTHORIZED BY THE GRA	OC O	b. Project 45th 16. IS APPLICATION ORDER 12372 P a. YES. THIS PRE AVAILABL PROCESS DATE b. No. PROGR OR PRO FOR RE 17. IS THE APPLICA Yes If "Yes,"	APPLICATION/APPLICATION E TO THE STATE EXECUTIVE FOR REVIEW ON: 5-1-02 AM IS NOT COVERED BY E. COMPANY HAS NOT BEEN SELEVIEW INT DELINQUENT ON ANY FETTING AND CORRIST AND	WAS MADE ORDER 12372 O. 12372 CTED BY STATE EDERAL DEBT No ECT, THE
12. AREAS AFFECTED BY PR 13. PROPOSED PROJECT Start Date Ending Date 9-30-02 9-29-05 15. ESTIMATED FUNDING: a. Federal December 1. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES III a. Type Name of Authorized Researce	14. CONGRESSIONAL D a. Applicant 5 147,084.00 \$ 184,177.00 \$ \$ \$ \$ \$ 331,261.00 DWLEDGE AND BELIEF, ALY AUTHORIZED BY THE GF THE ASSISTANCE IS AW	OC O	b. Project 45th 16. IS APPLICATION ORDER 12372 P a. YES. THIS PRE AVAILABL PROCESS DATE b. No. PROGR OR PROFOR RE 17. IS THE APPLICA Yes If "Yes," CATION/PREAPPLICA IE APPLICANT AND T	APPLICATION/APPLICATION E TO THE STATE EXECUTIVE FOR REVIEW ON: 5-1-02 AM IS NOT COVERED BY E. O GRAM HAS NOT BEEN SELE VIEW ANT DELINQUENT ON ANY FE attach an explanation. THON ARE TRUE AND CORRI THE APPLICANT WILL COMPI	TATE EXECUTION WAS MADE ORDER 12372 D. 12372 CTED BY STATE EDERAL DEBT
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APPLICA"	TION FOR					OMB Approval No. 0348-0043	
FEDERAL	ASSISTA	NCE	2. DATE SUBMITTED May 2, 2002		Applicant Identifier		
1. TYPE OF SU Application	BMISSION:	Preapplication	3. DATE RECEIVED BY	STATE	State Application Ide	entifier	
Construc			4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Legal Name:	INFORMATION			Organizational Unit:			
-	n Tribally	Designated Hou	sing Entity	Housing Enti	Ltv		
Address <i>(give c</i> 1860 W	ty, county, State, • Sapphire	and zip code): Lane		Name and telephone this application (give a	number of person to b	pe contacted on matters involving	
Winter	haven, Ca.	. 92283		Lorey Cachon	La (700) 372	-0243, A 20	
8 6	,	N NUMBER (EIN): 8 9 8		7. TYPE OF APPLICA	H. Independent Sch	ool Dist.	
8. TYPE OF AP	PLICATION:			B. County		stitution of Higher Learning	
	√ New	Continuation	Revision	C. Municipal	J. Private University		
If Revision, ente	r appropriate lett	er(s) in box(es)	Duration	E. Interstate F. Intermunicipal G. Special District	F. Intermunicipal M. Profit Organization		
D. Decrease [ouration Other(specify):					
				9. NAME OF FEDERAL AGENCY:			
				USDA Rural	-		
10 CATALOG	DE FENERAL DI	OMESTIC ASSISTANCE NU	IMRER.	Rural Housi		'S PROJECT:	
III. CATALOG	SI I EDEKAL D						
		L	10 - 76 6		Facilities	ty facility)	
TITLE				(Expansion	I OI COMMUNII		
		OJECT (Cities, Countles, Sta erial County, Ca				RECEIVED	
13. PROPOSEI	PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			MAY - 6 2002	
Start Date	Ending Date	a. Applicant		b. Project		STATE CLEARING HOUS	
7/02	10/02	Quechan Housing	Entity	Califo			
15. ESTIMATE	FUNDING:	T a	00	ORDER 12372 PF		EW BY STATE EXECUTIVE	
a, Federal		\$ 50,000	00			CATION WAS MADE	
b. Applicant		\$	•	1	FOR REVIEW ON:	ECOTIVE ONDER 12572	
c. State		\$, OC	DATE		_	
d. Local		\$.00	-d = ====	AM IS NOT COVERE	i i	
e. Other		\$.	00	OR PRO		EN SELECTED BY STATE	
f. Program Inco	ne	\$	00	17. IS THE APPLICA	NT DELINQUENT OF	N ANY FEDERAL DEBT?	
g. TOTAL		\$ 50,000	. 00	Yes If "Yes,"	attach an explanatio	on. 🔽 No	
DOCUMENT H	AS BEEN DULY	WLEDGE AND BELIEF, AL	VERNING BODY OF TH				
	SURANCES IF If Authorized Rep	THE ASSISTANCE IS AWA	RDED. b. Title		c. Telephone Numb	er	
, ,	Cachora	n cocinau v C	Executive Dir	ector	(760) 572-0		
	Authorized Repre	eseptative			e. Date Signed		
	- hal	//			May 2, 20	02	

Application for Federal Assistance

OMB	Ammragal	N	0348-004	2

Assistance			-	CMB Approval No. 0348-0043
		2. Date Submitted (mr 06/0		Applicant Identifier
Type of Submission Application	Pre-application	3. Date Received by S	tate (mm/dd/yyyy)	State Application Identifier
Construction Non-Construction	Construction Non-Construction	4. Date Received by F	ederal Agency (mm/dd/yyyy)	Federal Identifier
5. Applicant Information				
Legal Name	1. 2 11		Organizational Unit	
Southern California Presby			Corporate Office	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address (give city, county, State,	and zip code)		Name and telephone number application (give area code)	of the person to be contacted on matters involving this
516 Burchett Street Glendale, CA 91203 (818) 247-0420 (818) 247-3871 Fax			Sally Little, Vice Preside (818) 247-0420 (818) 247-3871 Fax	ent, Affordable Housing
6. Employer Identification Numb	1	///	7. Type of Applicant (ente	er appropriate letter in box)
95 1	894293		A. State	J. Private University
8. Type of Application:			B. County	K. Indian Tribe
**	uation Revision		C. Municipal D. Township	L. Individual M. Profit Organization
V ven	TO T		E. Interstate	N Nonprofit
If Revision, enter appro	priate letter(s) in box(es):		F. Inter-municipal	O Public Housing Agency
			G. Special District	P. Other (Specify)
		Increase Duration	H. Independent School Dis I. State Controlled Institution	
D. Decrease Duration	Other (specify)		9. Name of Federal Agency	or or right Louring
				ousing and Urban Development, Los Angeles
10. Catalog of Federal Domestic	Assistance Number (xx-vvv)	11. Descriptive Title of Applic	
g	14	157	1	-unit affordable housing community for low
Title:	14	137		city of Desert Hot Springs, California. To
Corona Senior Affordat	ale Housing			he U.S. Department of Housing and Urban
	· · · · · · · · · · · · · · · · · · ·			Section 202 Supportive Housing for the
12. Areas Affected by Project (cit	ties, counties, States, etc.)		Elderly Capital Grant	Program.
Corona, Riverside, (California			
13. Proposed Project	14. Co.	ngressional Districts of	f	· · · · · · · · · · · · · · · · · · ·
Start Date (mm/dd/yyyy) Ending 10-31-03	Date (mm/dd/yyyy) a. Appl 12-31-04 27	icant		b. Project 43
15. Estimated Funding			16. Is Application Subject	ct to Review by State Executive
a. Federal \$	The state of the s	.00	Order 12372 Process	?
			a. Yes This pre-app	dication/application was made available to the
b. Applicant \$.00.	State Executive O	rder 12372 Process for review on:
c. State \$	The state of the s	.00	Date (mm/dd/yyyy	()
The state of the s	HUD-424-M, Fund	Control of the second s		
d. Local \$.00 	b. No Program	is not covered by E.O. 12372
e. Other \$.00	or Program	has not been selected by State for review.
f. Program Income \$			G C	nquent on Any Federal Debt? ttach an explanation 🏻 🔀 No
g. Total		.00		
				ue and correct, the document has been duly
authorized by the governin	g body of the applicant	and the applicant v	vill comply with the attach	ned assurances if the assistance is awarded.
a. Typed Name of Authorized Repr	resentative	b. Title		c. Telephone Number (Include Area Code)
Sally Little		Vice Presiden	t, Affordable Housing	(818) 247-0420
d. Signature of Authorized Represe	entative XIII			e. Date Signed (mm/dd/yyyy) 06/05/02

APPLICATION FOR					отто / фргота то: оо то оо т	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
			4 30.02		95-2698244	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Ident	ifier	
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION	} ***	···········		· · · · · · · · · · · · · · · · · · ·		
Logal Nama:	, , , , , , , , , , , , , , , , , , ,	^ / /	Organizational Unit:		1 1	
W. Nter Laven (ounty Water	District	Waterhave	n County W	Vater District	
 Address (give city_county, State, 	and zip code):		Name and telephone r	number of person to be	contacted on matters involving	
PO BUY TOTA			this application (give a	rea code) א בי בי בי	920-0776 (ell	
494 JAAAVE		. —	1 16	•		
Wenterhaver C	A 92283-07	<i>87</i>			72-0177	
5. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate l		
95-2698	244				A	
			A. State	H. Independent School		
3. TYPE OF APPLICATION:			B. County		tution of Higher Learning	
⊠ New	Continuation	Revision	C. Municipal	J. Private University		
			D. Township	K. Indian Tribe		
f Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization		
A In Award B Door	ease Award C. Increase	Duration	G. Special District	N. Other (Specify)		
A. Increase Award B. Decr D. Decrease Duration Other/s	****	Duration	G. Opecial District	N. Other (opecity)		
D. Decrease Duration Other(s	pecity).		9. NAME OF FEDERAL AGENCY:			
			USDA			
		18 8 P P .		LE OF APPLICANT'S	npo irot.	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU					
		10-766	New Ser	ruice Lruck		
Transfer for					RECEIVE	
TITLE: 12. AREAS AFFECTED BY PRO	JECT (Cities Counties Sta	tes etc.):	-		2) Lawren Man Lawren W Residence	
/ /	ones, commos, co	100, 010.7.			MAY COO	
W. Nterhaven	cA				MAY - 6 2002	
	14. CONGRESSIONAL DIS	STRICTS OF:	12			
Secret tout	,	11.00	to District		STATE CLEARING HO	
Start Date Ending Date	a. Applicant W wterkar	ion county w	b. Project Serv	ice Truck		
ASAP ASAP	Imperal	10 mosty	Impera	I Court		
5. ESTIMATED FUNDING:		() /	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
			ORDER 12372 PROCESS?			
Federal	\$ ~	00				
	30,000		a. YES. THIS PREA	PPLICATION/APPLICA	TION WAS MADE	
). Applicant	\$.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
	10,000		PROCESSI	FOR REVIEW ON:		
State	\$,00				
	4	00	A DATE			
f. Local	\$	·		MIC NOT COMPRESS	V F O 40070	
		00		M IS NOT COVERED B	i	
e. Other	\$,	FOR REV	RAM HAS NOT BEEN	SELECTED BY STATE	
	<u> </u>	00	- FOR KEV	ICAA		
1. Program Income	\$ &	•	17 IC TUE ADDITOAN	IT DELINQUENT ON A	NA CEUEDAI DEDES	
	<u> </u>	00	٦			
). TOTAL	\$ 40 000		Yes If "Yes," a	ittach an explanation.	Æ No	
18. TO THE BEST OF MY KNOW	TENGE AND RELIEF ALL	DATA IN THIS APPLIC	ATION/PREAPPLICAT	ION ARE TRUE AND C	ORRECT. THE	
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TH	IE APPLICANT WILL C	OMPLY WITH THE	
ATTACHED ASSURANCES IF T						
a. Type Name of Authorized Representation		b. Title		c. Telephone Number		
LAMA POCCU		6 eneral 11	Paracor	760-572	-0177	
d. Signature of Authorized Repres			, , , , , , , , , , , , , , , , , , ,	e. Date Signed		
	w			4-36-62		
	LCE I					

A DOLLO ATION TOD				OMB Approval No. 0348-0043
APPLICATION FOR	105	2. DATE SUBMITTED		Applicant Identifier
EDERAL ASSISTAN	1CE	April 10	, 2002	
. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier
Application	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
Construction Non-Construction	Non-Construction	4. 67(12)		
APPLICANT INFORMATION	<u> </u>			
egal Name:			Organizational Unit:	Trade & Business Dev.
County of Sa	n Diego		Name and telephone	number of person to be contacted on matters involving
address (give city, county, State,			this application (give a	area code)
5201 Ruffin	Road, Suite	: N	Cindy Go	mpper-Graves
San Diego, C	<u>'A 92123</u>		858-495-	5 4 9 4 ANT: (enter appropriate letter in bax)
S. EMPLOYER IDENTIFICATION			7. THE OF AFFEIG	В
9 5 - 6 00 0	9 3 4		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:	- Mar		B. County	I. State Controlled Institution of Higher Learning
√ Nev	w Continuation	Revision	C. Municipal	J. Private University K. Indian Tribe
		-1 [-1	D. Township E. Interstate	L. Individual
If Revision, enter appropriate let	ter(s) in box(es)		F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec	crease Award C. Increa	se Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other	(specify):		9. NAME OF FEDER	RAL AGENCY:
			EDA	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE T	TITLE OF APPLICANT'S PROJECT:
10. 07.17.200 1		1 1 - 3 0	7 Economic	Tmpact of Military
τv			Installa	Impact of Military
TITLE: IX 12. AREAS AFFECTED BY PR	O JECT (Cities Counties 5	States, etc.):	TIDCUTTO	Bases Con Land Lands Bearing Same
		,		MAY - 6 2002
County of S.				WIAL WILL
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	STATE CLEARING HOUSE
06/02 05/03	County of	San Diego	Eco. Imp	Dact of Military Instal
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372	
		• • • • • • • • • • • • • • • • • • •	URDER 12372	PROCESS:
a. Federal	\$ 50,000		a, YES. THIS PR	REAPPLICATION/APPLICATION WAS MADE
b. Applicant	\$	00		BLE TO THE STATE EXECUTIVE ORDER 12372
D. Aphomic			PROCES	SS FOR REVIEW ON:
c. State	\$ 50,000		DATE _	
d. Local	\$			GRAM IS NOT COVERED BY E. O. 12372
		- 00	b. No. PROG	ROGRAM HAS NOT BEEN SELECTED BY STATE
e. Other	\$	•		REVIEW
f. Program Income	\$.00		
i. Frogram mosmo		. 60	17. IS THE APPLI	CANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	· B			s," attach an explanation.
18 TO THE BEST OF MY KN		ALL DATA IN THIS APP	PLICATION/PREAPPLI	CATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DU	LY AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND	D THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES	IF THE ASSISTANCE IS A	AWAHUED.		c. Telephone Number
a. Type Name of Authorized F	lepresentative	b. Title	m Manager	858-495-5494
Cindy Gompr	<u>per-Graves</u>	i eroara	W THITITIES AT	e. Date Signed

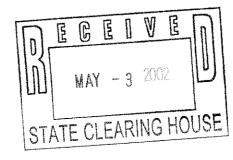
Standard Form 24 (Rev. 7-97) Prescribed by OMB Circular A-102

d. Signature of Authorized Representative

Previous Edition Usable

Authorized for Local Reproduct

PPLICATION FOR EDERAL ASSISTANCE 12.Date		ubmitted		OMB Approval No. 0348-0043 Applicant Identifier			
	1			<u> </u>			
1. TYPE OF SUBMISSION: .	 3.Date R 	Received by State State		 ication Identifier			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	4.Date R	ec'd by Fed Agency	 Federal Id 	entifier			
5. APPLICANT INFORMATION	!		<u> </u>				
Legal Name State Water Resources Control Board		Organizational Uni Division of Wate					
Address (give city, county, state, and zip code):		! Name and telephone involving this app	of person lication (q	to be contacted on matters ive area code);			
State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Lauma Jurkevics {916} 341~5498		•			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		17. TYPE OF APPLICAN	T:(enter ap	propriate letter in box) A			
16 8 0 2 8 1 9 8 6	A. State						
C. Increase Duration D. Decrease Duration		19. NAME OF FEDERAL	AGENCY:				
Other (Specify)		0.S. Environmental Protection Agency					
10.CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: Nonpoint Source Implementation Grants	<u>0</u>	 DESCRIPTIVE TIT 	LE OF APPLI	CANT'S PROJECT:			
12.AREAS AFFECTED BY PROJECT(cities, counties, states California	s,etc)						
		ESSIONAL DISTRICT O					
Start Date Ending Date	a. Appli	cant		o. Project			
7/1/02 6/30/07	3		. (CaliforniaAll			
ESTIMATED FUNDING (S: This P		cation was n	EXECUTIVE ORDER 12372 PROCESS? made available to the State view on:			
b. Applicant \$.00		May 3, 2002					
C. State \$ 8,716,767.00 b. NO		-	d bv EO 123	72.			
d. Local \$.00		r program has not been selected by state for review.					
e. Other	Other						
f. Program 17.15 %	f. Program 17.15 THE APPLIC			DEBT?			
	_[Yes, a	ttach an explanatio	n. IX No	3			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERN ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDS	NING BODY						
a. Typed Name of Authorized Representative	ļb	. Title		[c.Telephone Number			
Celeste Cantú	1	Executive Directo	г	(916) 341-5615			
d. Signature of Authorized Representative			,	e. Date Signed			
Previous Editions Not Usable AUTHORIZED FOR	LOCAL RE	FRODUCTION		Standard Form 424 (Rev 7-97) Prescribed by OMB Circular A-012			



Application for Federal Assistance			EGELVE MAYAppīro 3al 2002			
	2. Date Submitted (mm	n/dd/yyyy)	Applicant Identifier			
	06/05		State STATE OF EARING HOUSE			
1. Type of Submission	3. Date Received by S	tate (mm/dd/yyyy)	State 18 PARING HOUSE			
Application Pre-application Construction Construction Non-Construction Non-Construction	4. Date Received by Fi	ederal Agency (mm/dd/yyyy)	Federal Identifier			
5. Applicant Information		Organizational Unit				
Legal Name Southern California Presbyterian Homes		Corporate Office				
Address (give city, county, State, and zip code)	- LANDON AND THE STREET		f the person to be contacted on matters involving this			
516 Burchett Street Glendale, CA 91203 (818) 24700420 (818) 247-3871		application (give area code) Sally Little, Vice Preside (818) 247-0420 (818) 247-3871 Fax	nt, Affordable Housing			
6. Employer Identification Number (EIN) (xx-yyyyyyy)	7. Type of Applicant (enter	r appropriate letter in box)			
95 — 1894293		A. State	J. Private University			
		B. County	K. Indian Tribe			
8. Type of Application:	sion	C. Municipal D. Township	L. Individual M. Profit Organization			
M wen continuous trans	·····	E. Interstate	N Nonprofit			
If Revision, enter appropriate letter(s) in b	ox(es):	F. Inter-municipal G. Special District	O Public Housing Agency P. Other (Specify)			
A. Increase Award B. Decrease Award	C. Increase Duration	H. Independent School Dist.				
D. Decrease Duration Other (specify)		State Controlled Institutio	n of Higher Learning			
	•	9. Name of Federal Agency	ousing and Urban Development, Los Angeles			
10.04.1 (5.1.1.1D	Are mad	11. Descriptive Title of Applica				
10. Catalog of Federal Domestic Assistance Number	14 - 157	, , , , , , , , , , , , , , , , , , , ,	unit affordable housing community for low			
Title:	137		city of Desert Hot Springs, California. To			
Desert Hotsprings Senior Affordable Hou	sing		ne U.S. Department of Housing and Urban ection 202 Supportive Housing for the			
12. Areas Affected by Project (cities, counties, States,	etc.)	Elderly Capital Grant F				
Desert Hot Springs, Riverside, C						
13. Proposed Project	14. Congressional Districts of	f				
Start Date (mm/dd/yyyy)	a. Applicant 27		b. Project 44			
15. Estimated Funding			t to Review by State Executive			
a. Federal \$.00	Order 12372 Process	r lication/application was made available to the			
b. Applicant \$	00.	No.	der 12372 Process for review on:			
c. State \$		Date (mm/dd/yyyy)				
Complete form HUD-424-M, d. Local \$	runding Watrix .00	b. No Program i	s not covered by E.O. 12372			
e. Other \$.00	or Program t	nas not been selected by State for review.			
f. Program Income \$.00	Was .	equent on Any Federal Debt? tach an explanation X No			
g, Total \$.00					
18. To the best of my knowledge and belie authorized by the governing body of the ap	ef, all data in this applicat plicant and the applicant v	tion/pre-application are tru will comply with the attach	e and correct, the document has been duly ed assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative	b, Title	nt, Affordable Housing	c. Telephone Number (Include Area Code) (818) 247-0420			
Sally Little d. Signature of Authorized Representative	1.257.35.461		e. Date Signed (mm/dd/yyyy) 06/05/02			
Lally dette			form \$F.424 [7/97]			

OMB Approval No. 0348-0043 Applicant Identifie 2. DATE SUBMITTED **APPLICATION FOR** FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Application Preapplication ☑ Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction □ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: County of Imperial **Imperial County Airport** Name and telephone number of the person to be contracted on matters involving Address (give city, county, state, and zip code) this application (give area code) 1099 Airport Road Mr. David Conn, Airport Manager Imperial, California 92251 (760) 355-7944 7. TYPE OF APPLICANT: (enter appropriate letter in box) EMPLOYER IDENTIFICATION NUMBER (EIN): B H. Interdependent School District A State State Controlled Institution of Higher Learning В. County Private University C. Municipal K Jodian Tribe D. Township 8. TYPE OF APPLICATION: Interstate L. Individual M. Profit Organization F. Intermunicipal Revision Continuation G. Special District New N. Other (Specify) PECENED If Revision, enter appropriate letter(s) in box(es): Increase Award B Decrease Award Increase Duration MAY - 3 2002 Other (specify) D Decrease Duration 9 NAME OF FEDERAL AGENCY **Federal Aviation Administration** STATE CLEARING HOU\$E 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2002 Entitlements 6 2 1. Runway Safety Area Drainage and Erosion Protection -TITLE: Airport Improvement Phase II Program (AIP) 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 2. Install Two (2) Gate Actuators Imperial, California El Centro, California Imperial County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF b. Project Ending Date Start Date Applicant #52 10/02 09/03 #52 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS 15. ESTIMATED FUNDING THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE .00 a. YES. 1,000,000 a. Federal \$ STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant \$ 111.111 .00 c. State DATE: \$ b. NO d. Local \$ PROGRAM IS NOT COVERED BY E. O. 12372 e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income \$ g. TOTAL .00 1,111,111 Yes if yes, attach an explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS

Previous Editions Not Usable

d. Signature of Authorized Represe

Mr. David Conn

a. Typed Name of Authorized Representative

Authorized for Local Reproduction

Airport Manager

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

c. Telephone number (760) 355-7944

e. Date Signed

OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE April 25, 2002 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier APR 2 \$ 2002 Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: LAKE TERRACE ASSOCIATES, A CALIFORNIA LIMITED PARTNERSHIP Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) 13 - 12th Avenue South, Nampa Gar-Mar Associates / Attn: Margo 530/823-9250 Canyon County, Idaho 83653 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): N H. Independent School Dist. A State 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Continuation Revision Mew K. Indian Tribe D. Township I Individual If Revision, enter appropriate letter(s) in box(es) E Interstate M. Profit Organization F. Intermunicipal N. Other (Specify) Partnership G. Special District C. Increase Duration A. Increase Award B. Decrease Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-415 LAKE TERRACE APARTMENTS - Affordable rental housing apartment project - 60 total units consisting of 24 TITLE: Rural Rental Housing Section 515 (RRH-515) 2-bdrm, 28 3-bdrm, & 8 4-bdrm units to be built on 6.1 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): acres at 7055 Old Highway 53 in Clearlake, Lake County, California. Clearlake, Lake County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: MAY - 1 2002 b. Project Ending Date a. Applicant Start Date District #1 District #1 5/1/03 9/1/02 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? a. Federal \$ 500.000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant 119,737 PROCESS FOR REVIEW ON: \$ c. State DATE d. Local ¢ 1.000,000 b. No. PROGRAM IS NOT COVERED BY E. O. 12372

18, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

c. Telephone Number a. Type Name of Authorized Representative (208) 461-0022 Caleb Roope, Manager of: ROOPE, LLC General Partner e. Date Signed d. Signature of Authorized Representative -25-02 Later 2 many

775,000

2.394.737

Previous Edition Usable

e. Other

g. TOTAL

f. Program Income

Authorized for Local Reproduction

\$

\$

S

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

No.

OR PROGRAM HAS NOT BEEN SELECTED BY STATE

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

FOR REVIEW

Yes If "Yes," attach an explanation.

APPLICATION FOR				ť	OMB Approval No. 0348-004
FEDERAL ASSISTAN	C Fee	2. DATE SUBMITTED April 25	5, 2002	Applicant Identifier	* * * * * * * * * * * * * * * * * * * *
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	STATE	State Application Identi	ifier
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	7 FEDERAL AGENCY 2 6 2002	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: UKIAH SUMMERCRE		S,A CALIFORNIA	Organizational Unit: LIMITED PAR	RTNERSHIP	
Address (give city, county, State, a	and zip code):			·	contacted on matters involvin
13 - 12th Avenue Sout Canyon County, Idaho	•		this application (give a Gar-Mar Asso	rea code) ociates / Attn: Ma	argo 530/823-9250
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appropriate l	eiter in box)
			A. State	H. Independent School	
8. TYPE OF APPLICATION:		·	B. County	I. State Controlled Insti	tution of Higher Learning
New	Continuation	Revision	C. Municipal	J. Private University	
			D. Township	K. Indian Tribe	
If Revision, enter appropriate letter	(s) in Dox(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Decre	ease Award C. Increase	Duration	G. Special District	N. Other (Specify)	Partnership
D. Decrease Duration Other(sp	pecify):		9. NAME OF FEDERA		
	On the second se	Administrative de contrat de la Primore	UNITED STATES	S DEPARTMENT C	F AGRICULTURE
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S I	PROJECT:
		10-415	SUMMERCREE	√ VILLAGE - Afford ✓	able rental housing
TITLE Dunel Daniel I	l				nsisting of 24 2-bdrm,
111 LE: KUIRI KEIRAI I 12. AREAS AFFECTED BY PROJ	Housing Section 515			-bdrm units to be b	
Ukiah, Mendocino County,	•	163, 810./.	located at 735 Po California.	orzio Lane in Ukiah,	Mendocino County,
13. PROPOSED PROJECT 1	14. CONGRESSIONAL DIS	STRICTS OF:			MAN MARKET
Start Date	a. Applicant Distric	rt #1	b. Project	District #1	ercorate or a to the control of the
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW	BY STATE EXECUTIVE
			ORDER 12372 PR	OCESS?	
	\$	500,000	4	APPLICATION/APPLICA	
	\$	138,421		E TO THE STATE EXEC FOR REVIEW ON:	UTIVE ORDER 12372
	\$ 	98	DATE		
		,000,000	·	M IS NOT COVERED B	
e. Other	s1	,130,000	☐ OR PROC		SELECTED BY STATE
f. Program Income	\$.00	17. IS THE APPLICAL	NT DELINQUENT ON A	NY FEDERAL DEBT?
		2,768,421		attach an explanation.	☑ No
18. TO THE BEST OF MY KNOW					
DOCUMENT HAS BEEN DULY A			E APPLICANT AND TI	te applicant will c	OMPLY WITH THE
a. Type Name of Authorized Repre		b. Title		c. Telephone Number	
Caleb Roope, Manager of:		General Partner		(208) 461-0022	

d. Signature of Authorized Representative

4-25-02

PPLICATION FOR					
EDERAL ASSISTA	NCE	2. DATE SUBMITTED April 25	, 2002	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Ident	ifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction	APR	S & CHOS		
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name: WILLITS MENDOCI		<u>, A CALIFORNIA</u>	LIMITED PAR		
Address (give city, county, State,	and zip code):				contacted on matters involving
13 - 12th Avenue Sou			this application (give a Gar-Mar Asso	ociates / Attn: M	argo 530/823-9250
Canyon County, Idah					
6. EMPLOYER IDENTIFICATION	n number (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate de la H. Independent Schoo	N
8. TYPE OF APPLICATION:			B. County		itution of Higher Learning
		Па	C. Municipal	J. Private University	
Wevi	/ Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	
			F. Intermunicipal	M. Profit Organization	D. A. C. Life
/ (: intol odeb / intol o	rease Award C. Increase (specify):	Duration	G. Special District N. Other (Specify) Partnership		
,			9. NAME OF FEDERAL AGENCY:		
comments to be both the second of the second	The state of the s	(100-100-100-100-100-100-100-100-100-100	UNITED STATE	S DEPARTMENT (OF AGRICULTURE
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S	PROJECT:
		1 0 - 4 1 5	GATEWAY VILL	AGE - Affordable re	ental housing
	l. Markan de la markan				nsisting of 26 2-bdrm,
	Housing Section 515		32 3-bdrm, & 6 4	-bdrm units to be b	uilt on 5.59 acres on
12. AREAS AFFECTED BY PRO Willits, Mendocino County		nes, etc.).	the corner of Ma Mendocino Cour		Vonica Lane in Willits;
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			at 2002
Start Date	a. Applicant Distric	~t #1	b. Project	District #1	STATE CLEARING HOU
15. ESTIMATED FUNDING:	Distric	Je // .	IS IS APPLICATION		V BY STATE EXECUTIVE
15. ESINGAIED FURDING.			ORDER 12372 PI		
a. Federal	\$	500,000	a. YES. THIS PRE.	APPLICATION/APPLICATION	ATION WAS MADE
b. Applicant	\$	131,579		E TO THE STATE EXEC FOR REVIEW ON:	CUTIVE ORDER 12372
c. State	\$.08			
d. Local	\$	1,000,000		AM IS NOT COVERED	BY F. O. 12372
e Other				GRAM HAS NOT BEEN	I SELECTED BY STATE
f. Program Income	\$	00			
		00	17. IS THE APPLICA	NT DELINQUENT ON A	ANY FEDERAL DEBT?
g. TOTAL	3	2,631,579		attach an explanation	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICA	TION ARE TRUE AND	CORRECT, THE
DOCUMENT HAS BEEN DULY			IE APPLICANT AND T	me applicant will	COMPLY WILM INE
ATTACHED ASSURANCES IF a. Type Name of Authorized Rep	resentative	b. Title		c. Telephone Number (208) 461-0022	
Caleb Roope, Manager of		General Partner			
d. Signature of Authorized Repre	esentative			e. Date Signed	-25-83

APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE April 25, 2002 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier Application Preapplication Construction ✓ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: ARCATA HUMBOLDT ASSOCIATES, A CALIFORNIA LIMITED PARTNERSHIP Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) 13 - 12th Avenue South, Nampa Gar-Mar Associates / Attn: Margo 530/823-9250 Canyon County, Idaho 83653 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) N H. Independent School Dist. A. State I. State Controlled Institution of Higher Learning R. TYPE OF APPLICATION: B. County C. Municipal J. Private University Revision Continuation V New D. Township K. Indian Tribe E. Interstate L. Individual If Revision, enter appropriate letter(s) in box(es) F Intermunicipal M. Profit Organization Partnership N. Other (Specify) G. Special District A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 4 1 5 THE COURTYARDS AT ARCATA - Affordable rental housing apartment project - 64 total units consisting of 8 TITLE: Rural Rental Housing Section 515 (RRH-515) 1-bdrm, 16 2-bdrm, 32 3-bdrm, & 8 4-bdrm units to be 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): built on 5.69 acres At 1101 Guinteli Lane in Arcata. Humboldt County, California. Arcata, Humboldt County, California 13, PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: MAY - 1 2002 Start Date Ending Date a. Applicant b. Project District #1 District #1 9/1/02 5/1/03 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** 3 a. Federal 500.000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant 4 91.053 PROCESS FOR REVIEW ON: c. State 3 DATE 5 d Local 350,000 b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other S 880,000 FOR REVIEW

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title c. Telephone Number (208) 461-0022 Caleb Roope, Manager of: ROOPE, LLC General Partner

18, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

1,821,053

d. Signature of Authorized Representative <u>کے سیسے کے سیسے</u>

*

\$

f. Program Income

g, TOTAL

-25-08-

No

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes if "Yes," attach an explanation.

APPLICATION FOR					OMB Approval No. 0348-004
FEDERAL ASSISTA	VCE	2. DATE SUBMITTED April 26, 2002		Applicant Identif	ler
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	n Identifier
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	r
5. APPLICANT INFORMATION	Non construction	<u> </u>	ô 2002 z	J	
Legal Name: Desert Sunrise Apart	ments of Heber, Li	mited Partnershi	Organizational Unit: Limited Partne	ership	
^{Address} <i>(give city, county, State,</i> Hwy 86 & Pitzer Road Heber, Imperial Count	, Census Tract 119 y, California 92249		Name and telephone r this application (give a David J. Cordes (562) 592-1518	rea code)	to be contacted on matters involving 92-2049
6. EMPLOYER IDENTIFICATION PEND			7. TYPE OF APPLICA		N
8. TYPE OF APPLICATION: New If Revision, enter appropriate lette A. Increase Award D. Decrease Duration Other(s)	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	J. Private Univer K. Indian Tribe L. Individual M. Profit Organiz	ed Institution of Higher Learning sity		
		-	9. NAME OF FEDERA USDA-Rural [nt
10. CATALOG OF FEDERAL DO TITLE: 515 12. AREAS AFFECTED BY PRO Heber, Imperial Coun	DJECT (Cities, Counties, Sta	10-415		tion of 24 re ome families	ental units for low to s, including an on-site
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		B. Methyda angert	131003
Start Date Ending Date 9-2003 1-2004 15. ESTIMATED FUNDING:	a. Applicant California 52nd D			SUBJECT TO RE	STATE CLEARING HOUSE
a. Federal \$ 1,000,000 b. Applicant \$ 757,575 c. State \$ 635,000		.06 .06	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 1: PROCESS FOR REVIEW ON: DATE		
d. Local \$.00 e. Other \$.55,000 f. Program Income \$.00				RAM HAS NOT I	RED BY E. O. 12372 BEEN SELECTED BY STATE
g. TOTAL	\$ 2,447,575	.00	Yes If "Yes," a	ittach an explana	
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	ATION/PREAPPLICAT	ION ARE TRUE	AND CORRECT, THE

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative b. Title President, Heber Community Diahna Garcia-Ruiz (760) 353-0323 Foundation, General Partner

d. Signature of Authorized Representative Previous Edition Usable

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

e. Date Signed 4/22/2002

APPLICATION FOR				OMB Approval No. 0348-00	
FEDERAL ASSISTANCE	2. DATE SUBMITTED April 26, 2002		Applicant Identifier		
1. TYPE OF SUBMISSION:	3. DATE RECEIVED BY	STATE	State Application	on Identifier	
Application Preapplication Construction Construction Non-Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION Legal Name:		Organizational Unit:		A STATE OF THE STA	
Willow Pointe Apartments of Riverbank, Limited Partnership		Limited Partnership			
Address (give city, county, State, and zip code): Riverbank, Stanislaus County, California, 95367		Name and telephone number of person to be contacted on matters involving this application (give area code) David J. Cordes (562) 592-1518 FAX (562) 592-2049			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): PENDING 8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Limited Partnership			
The state of the s		9. NAME OF FEDERAL AGENCY:			
		USDA-Rural Development			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. 0 - 4 1 5 TITLE: 515 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverbank, Stanislaus County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New construction of 24 one-bdrm rental units for low to moderate income, 1 two-bdrm on-site manager unit, and an on-site office and laundry.			
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:				WAY - 1 2002	
Start Date Ending Date a. Applicant 6-2003 10-2003 California 45th Di	istrict	b. Project California 18th		STATE CLEARING HOUSE	
15. ESTIMATED FOINDING:		ORDER 12372 PR		IEVIEW BY STATE EXECUTIVE	
a. Federal \$ 1,000,000 b. Applicant (Inc. LIHTC Equity) \$ 512,819	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
c. State \$ 700,000	.00	DATE			
d. Local \$,00		M IS NOT COVE	ERED BY E () 12372	
e. Other \$	00	 b. No. ☑ PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 			
f. Program Income \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
s. TOTAL \$ 2,212,819 .00		☐ Yes If "Yes," attach an explanation. ✓ No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
	b. Title President, Corde California, Inc., (

e. Date Signed April 24, 2002